MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEATH				14053	
County	Carroll			Registration Dist. No.	74	
Village or City	y SPRINGFIE	LD STAT	TE HOSPIT	AL. No. Sykesville, Maryland of death occurred in a hospital or institution, give its NAME instead of stress.  ds. How long in U.S. if of foreign birth? yrs.	St. Ward	
2. FULL NAM (a) Residence	Margare : No. 2027 E	t Aiple Hoffn	an St.	If U. S. Veteran, specify WAR		
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEA		
	4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 17 (Month) (Oay)	, 193 <b>5</b>	
5a. If married, widowed HUSBAND of (or) WIFE of	or divorced  Eugene Air	ole		22. I HEREBY CERTIFY, That Let October 1935 to December	tended daceased from	
6. DATE OF BIRTH (m 7. AGE Years 58	Months 5	une 22, Days 25	1877   If LESS than   1 day,hrs.   ormin.	I last saw her alive on Dec. 16 1 to have occurred on the deta steted above, at 12:10 m. A continuous of the PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	935 death is said.	
9. Industry or bu work wes d SAW MILL,	rk dona, as SPINNER, 100KKEEPER, etcsiness in which lone, as SILK MILL, BANK, etc			Diabetes mellitus  Chrone myorarditis and myorardi	Pour to	
- I this occupa	tion (month and	spa occ	time (years) Int in this Upation	degeneration Other Contributory Causes of importance:	1927 (?)	
(Stata or countr	Conrad Noe	tgel		Appostatie preumonia	Ax.13,1	
14. BIRTHPLACE (c)	city or town)	many		Nama of operation		
15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town) (Stata or country) Germany  17. INFORMANT Hospital Records				23. If death wes due to externel causes (VIOLENCE) fill in also the for Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county a Specify whather injury occurred in INDUSTRY, in HOME, or in PUB	oliowing:	
(Address) Sykesville, Md.  18 OURIAL CREMATION, OR REMOVAL  Controlled Controlled Oate Sec. 19, 135				Manner of injury		
19. UNOERTAKER (Address)	John Ill Bollin 17,1935 QA	livele see ?	Heev Registrar.	24. Was disease or injury In any wey related to occupation of deceas  If so, specify  (Signed) Whybrania Leyla  (Address) Sullearlie Ma	ed?M. D	

5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14030
1. PLACE OF DEATH	(1)
County Carroll	Registration Dist. No.
Village or City Sykesnille	Na pringfield State Hospital St., Ward
(If Length of residence in city or town where death occurred/yrs,mos.	death occurred in a harpial or institution, give its NAME instead of street and number)  28. ds. How long in U.S. if of foreign birth?
$A = 1. \mathcal{D}$	13
2. FULL NAME Condis Derry	St. Ward R.F.D. #3 Frederick Court Md.
(a) Residence: Np. (Usual place of abode)	St., Ward. A.J. 17.5 ( McCarach County / Mc
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH  Securber (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. Thet I ettended deceased from
(or) WIFE of	april 10 1934 to December 1 1935
6. DATE OF BIRTH (month, day, and yeer) / Overser (1, 1911	I last saw h. in elive on Morenber 30, 19 35; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et. 530 A.m.
24 0 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked et this occupation (month and spent in this)	(1) Escilepsy since 1918
work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked et this occupation (month and yeer) 435	3) Accidental mechanical sufforation 12/1/35
12. BIRTHPLACE (city or town) Madison o., Virginia	Other Contributory Causes of Importance:
13. NAME Levi Berry  14. BIRTHPLACE (city or town) Page 47 1 1 (2040)	Neme of operation
15. MAIDEN NAME OLOGICAL SIGN	What test confirmed diagnosis? Was there en autopsy? 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Office General Sight 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country) Madison to, Virginia	Where did injury occur? In led on hospital ward
17. INFORMANT Hospital records (Address) (above)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
Justing fille Auge, Cure Date Del. 3 , 1935	Menner of injury Turned on face in sost spileptic stupon.  Nature of injury Accidental mechanical suffocation
19. UNDERTAKER HELL ASSIGNMENT July (Address) Sypanville Mid.	24. Wes disease or injury In eny way related to occupetion of deceesed?
20. FILED Del 2 , 1935 CHARLY New Registrar.	(Signed) Waylor and M. D.  (Address) Deschel Reed acting Corones
If more blanks are needed, address State Registrar	MALE N. Charles Street Baltimore Requesting T) S Alleg 44

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

This patent had a previous residence at this hospital from april 26, 1933 to June 7, 1933. History of severe	
head injury at age of a months suggests transatic basis for convolutions; this was not substantisted by	<b></b>
brain grove legions. Tross antogen finding were: marghed travous consection of brain and lung.	
moderate congestion of liver, spleen and hidneys; marked dilatation of both venticales of hear	<u></u>

14031

state plnods Jo PHYSICIANS statement CORD. Exact PERMANENT CIL 国 properly may that plain terms. carefully important. DEATH plnoys OF WRITE CAUSE mation LION

RESERVED

1. PLACE OF DEATH County Carroll Village or City Sykesville, Maryland Length of residence in city or town where death occurred\_ Elizabeth Frances Bosley 2. FULL NAME (a) Residence: No. 2663 W. North Ave. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Female Widowed 5a. If merried, widowed, or divorced HUSBANO of Thomas Boslev (or) WIFE of 1850 May 1. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE If LESS than Months Davs 1 day, .....hrs. 85 77 or\_\_\_\_ min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION NONE SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date deceased lest worked et 11. Total time (yeers) this occupetion (month and spent in this occupation \_\_\_\_ Unknown 12. BIRTHPLACE (city or town) Marvland (State or country) FATHER Jesse Ebaugh 14. BIRTHPLACE (city or town) \_\_\_\_ (State or country) MOTHER 15. MAIOEN NAME Rachel Plowman Unknown 16. BIRTHPLACE (city or town) (State or country) (Address) Sykesville. 19. UNDERTAKER

Registration Dist. No. IGFIELD STATE HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 mos. 19 ds. How long in U.S. if of foreign birth? yrs. mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH December (Day) I HEREBY CERTIFY. That I attended deceased from September 1 19 35 to December 18 19 35 alive on December 18 The PRINCIPAL CAUSE OF DEATH and related causes of importence Date of onset Broncho-pneumonia Known 8-10-Diabetes Mellitus Arteriosclerosis Name of operation\_\_\_\_\_ What test confirmed diagnosis? ...... Was there an autopsy? 23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Oate of injury\_\_\_\_\_ Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury 24. Was disease or injury in eny way related to occupation of deceased?. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium

PHYSICIANS should state

Exact statement of OCCUPA.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.

	1. PLACE OF DEATH		Maryl		rculosis Sanatorium	
1	County Carroll			Color	red Branch (23 Registration Dist. No. 74	
	Village or City Hen	ryton,	Maryla	nd	No. (above) st	Ward
	Length of residence in city or	town where dea	th occurred_O	yrs. 9 mos	death occurred in a hospital or institution, give its NAME instead of street and n 26 ds. How long in U.S. if of foreign birth?	umber) sds.
	2. FULL NAME Ged	orge Ar	ndrew B	rooks	WAR SERVICE How	
	(a) Residence: No. Leo	onardto	Own, St (Usual place of	. Mary's	Cot., Md Ward.  If nonresident give city or town and	State
	PERSONAL AND S	TATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR Male Color		S. SINGLE, MARR OR DIVORCED Singl	(write the word)	21. DATE OF DEATH  December 22, 193  (Month) (Day)	3153 (Year)
	5a. If married, widowed, or divorced HUSBAND of					
	(or) WIFE of				22. I HEREBY CERTIFY. That i attended of Feb., 25, 19359 to Dec., 22, 1	leceased from
te.	6. DATE OF BIRTH (month, day, and	year) Fel	0., 10,	1936	Hast saw h 1m alive on Dec. 22, 1935	
fica	7. AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at 1.30 nP.M.	
certificate	43	10	12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Jo	8. Trade, profession, or particukind of work done, as SI SAWYER, BOOKKEEPER,	lar PINNER, etc	farmer	~~~~~~~~~	Pulmomary Tuberculosis	
back	9. industry or business in which work was done, as SILK SAW MILL, BANK, etc	h MILL, Ţ	Jnknown			June
	SAW MILL, BANK, etc			ne (years)		1934
0 81	this occupation (month al	Unknov	spent occup	in two know		
instructions on	12. BIRTHPLACE (city or town)	Medleys Marylai	Neck		Other Contributory Causes of importance:	
nstr	13. NAME	John H	Brooks			
See i	14. BIRTHPLACE (city or town). (State or country)	Leonar	rdtown		Name of operation	No
ıt.	型 15. MAIDEN NAME		Wentz		What test confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following:	
important.	16. BIRTHPLACE (city or town).	Leonar	rdtown		Accident, suicide, or homicide? Date of injury	
odu	State or country)	Maryla	and	***************************************	Where did injury occur?	
very in	17. INFORMANT John E. (Address) Henryto			D.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
is v	18 BURIAL, CREMATION, OR KEMP		1 9.	1 -	Manner of Injury	
	signature	O pa	Date Date	1900	Nature of Injury	
TION	19. UNDERTAKER Week	Lot	pre it	re	24. Was disease or injury in any way related to occupation of deceased?_N.6	2
1	(Address)	agen	The same of the sa	ust.	If so, specify	
()	20. FILED 12/22/359	Hur	160	Hell	(Signed) The OTTell	M. D.
1		Leput	y Local	Registrar.	(Address Henryton, Maryland	

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Example I		Example II	100
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BURRAU			
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A TATATITICAL A T	CIDACIE	TIAD	TOTAL TRANSPORT FOR THE	CHEST A PERSONAL PRODUCTION	TD '87	TATESTOT OF A BY
ALTERNAL	A L AL	11 1 1 1 2 2	HILIKITH H.K	STATEMENTS	PK Y	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14033
OF DEATH.	Registration Dist. No.
residence in city or town whara death occurred yrs mos	No. St. Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s
dence: No. Segmons	St., Ward.
(Usual place of abode) ONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE    S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   State	21. DATE OF DEATH  (Month)  (Day)  (Yaar)  22. I HEREBY CERTIFY That I atterded deceased from the und 2 1931  t last saw have alive on NEC, 2 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated above, at 1935; death is said to have occurred on the data stated
or businass in which was dona, as SILK MILL, MILL, BANK, etc  ceased last worked at bocupation (month and spant in this occupation  country)  Maryland  John Recovery	Other Contributory Causes of importance:  Then, Wulne Repugitation
	1. 200

Name of operation What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_ 19. Where did Injury occur? ..... (Specify city or town, county and State)
Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injur

If so, specify

(Addrass) \_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

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Example I	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Garactit V. R.	<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 14	034
1. PLACE OF DEATH		(93-77)	. /
County Carroll.		Registration Dist. No.	
Village or City Cartinew	mail Par	+ affect Finkshue #1	Ward
vinage of City gara press	311, (If	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residance in city or town whara death of	ccurrad 37: yrsmos	ds. How long In U.S. If of foreign birth?yrsm	iosds.
2. FULL NAME Murgareto	K. Conaw	ay.	
(a) Residence: No. East vie	is. mel	St., Ward.	
	Usual place of abode)	If nonresident give city or town and	l State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Temale Ahite 01	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)  Murried	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	naway.	22. HEREBY CERTIFY, that I attended	dacaasad from
6. DATE OF BIRTH (month, day, and year) /86 &	1-122/6.	I last saw h 2 r alive on Dir - 29 - 1953	death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data statad abova, at 10:15A.m.	., 40000
43 0	1 44 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	/ <del>f</del> ·   ormin.	were as follows: Cerebral humonly	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	use wife.	Myocardilio (Chomis)	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Bultame	etu:	Other Contributory Causes of importance:	
(State or country)	nd of	Streets dilatation of heat	
13. NAME Educard (2)	Fu Fun		
H CONTRACTOR	arian.	ne ver	
14. BIRTHPLACE (city or town)		Name of operation	Ma
	musing.	What tast confirmed diagnosis?	
II.	esseu	23. If death was due to external causes (VIDL ENCE) fill in also the followin	
O 16. BIRTHPLACE (city or town)  (Stata or country)	· Comment	Accidant, sulcide, or homicida?	, 19
17. INFORMANT Me; John Con	inway.	Whare did injury occur?  (Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	le) ACE,
(Address) Fixtoshing.	mus		
18. BURIAL, CREMATION, OR REMOVAL	Jan. 7. 1936.	Manner of Injury	
Piace Ville Vaule Castly Dat	e your 7 :, 1906	Nature of injury	
19. UNDERTAKER 6. M. Was (Address)	et md	24. Was disease or injury in any way raiated to occupation of deceased?	20
12/- 25-1/1	Piero del -	Ligard) W. C. Finnelle	4 M D

(Address) ...

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis IN 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Annual Control of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE	OF MARY	LAND-CERTIFICATE OF	DEATH
	Manuland	Tuberaulogia Sanctorium	

14035

I. PLACE OF DEATH		dionis dana our ram	
County_Carroll	(Colored B	ranch) (23) Registration Dist. No. 74	
Village or City Henryton Ma	<i>\</i> '	NoSt.,	Ward
	(Ji	f death occurred in a hospital or institution, give its NAME instead of street and n  15 ds. How long in U.S. if of foreign birth?mc	iumber) osds.
2. FULL NAME James Sylveste		WAR SERVICE Mo	
(a) Residence: No. 1335 Myrtle		W/WI OF IT IOF	
(Usua	place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored or DIV	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Dec . 25 (Month) (Dey)	, <sub>193</sub> 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended October 10 19 35 to December 2	deceased from
6. DATE OF BIRTH (month, dey, and year) Dec . 8	1014	lest saw h im elive on Dec . 25 19 35	
7. AGE Years Months Day	rs If LESS than	to heve occurred on the date steled above, et6:30 Pm.M.	
21 0 17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Porte:			
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	<u></u>	Pulmonary Tuberculosis	Aug.
work wes done, es SILK MILL, SAW MILL, BANK, etc.			1934
10. Dete deceased last worked at this occupation (month) and year)	Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town) Baltimore (Stete or country)	Md.	Other Contributory Causes of importance:	-
13. NAME William Cooper  14. BIRTHPLACE (city or town) Unknown (State or country) Md.		Name of operation Dete of	- 1\0
	on	What test confirmed diagnosis?	
15. MAIDEN NAME Louvinia Wils 16. BIRTHPLACE (city or town) Baltimo		Accident, suicide, or homicide? Dete of injury	
State or country) Md.		Where did injury occur?	
17. INFORMANT John E. O'Neill, (Address) Henryton, Md.		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Falts, No Plece Movage Detect	10 gue 7, 19 35	Menner of injury	
			No
19. UNDERTAKER frances a Her (Address) 578 W Biddla	sty	24. Wes diseese or injury in eny way related to occupation of deceesed?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:		

ADDITIONAL S	SPACE	FOR	FURTHER ST	ATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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4	:0	13	9	13
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		<u>luberculo</u>		torium		1	1000
County Carroll		plored Br	ranch	(23)	Registration	Dist. No. 74	
Village or City Henryton			No.			t, instead of street as	
Length of residence in city or town where			sZds. How	long in U.S. if o	of foreign birth?		X Divos XXds.
2. FULL NAME Anna Mae (a) Residence: No. R.F.D.	#2, Car	n noridge,	Dorchest		, Md.	CE NOME	\$
	(Usual place	of abode)			If nonresident	give city or town	and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	Wi	EDICAL C	ERTIFICATE	OF DEATH	1
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARI OR DIVORCEI Single	RIED, WIDOWED, D (write the word)	21. DATE OF		ec., 2,	1935	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX	ХХ				CERTIF	Y, That I attend	ded deceesed from
6. DATE OF BIRTH (month, day, and year)	an., 29	. 1919			ec., 2,		death is said
7. AGE Years Months	Days	If LESS than	to have occurred o	on the date state	ed above, at 3 .	15 M. M.	
10 10	3	1 day,hrs.			TH and related caus		,
8 Trade profession or particular	Domestic		Pulmon	ary Tu	berculo	sis	Date of onset Aug 1935
	eneral P	lousework	<u> </u>				
10 Date deceased last worked at this occupation (month and year)	sper	me (years) nt in this NOW D					
	more,		Other Contributor	y Causes of impo	ortance:		
	-						
14. BIRTHPLACE (city or town). Bla	ck Water	r,	Name of operation			Date o	***
					WINI FUNE		
T -	eys,		Accident, suicide,		uses (VIOL ENCE) fi	Date of injury	T .
Toby 33 Oth	laryland	Ti	Where did injury		(Specify city or	town, county and	State)
	eill, M.		Specify whether if	illary occurred in	n INDÚSTRY, in HO	ME, OF IN PUBLIC	PLACE.
	rd. 10	15	Manner of injury .				
Place Combudgo	Date / 2/	5 ,19.7.3	Nature of Injury				
19. UNDERTAKER Williams (Address) 100 Pinger	Canhy	eun-	24. Was diseese or If so, specify		vay related to occup	ation of deceased?	No
20. FILED 12/2/35, 19 Mus	COOT	Ce 3 Registrar.	(Signed) (Addr	res Henr	WW (O)	Med	( M. D
		ddress State Registrar			equesting T) S. No.	aryland	•

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	77	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIREAU	The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

			F MAR	YLAND-	CERTIFICATE OF DEATH 14037
1	I. PLACE OF DEA				107-al
	Village or City	Carroll Jordan's	Retre	at, R.	Registration Dist. No. F. D. New Windsor, St., Ward
	Length of residence in c	city or town where de	eeth occurred		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
:	2. FULL NAME (a) Residence: No		dan's	rawmer, Retreat,M	d • St., Ward.
	PERSONAL AN		(Usual place	e of abode)	If nonresident give city or town and State
3.	SEX 4. COLO		5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write tha word) ngle	21. DATE OF DEATH December, 10, 1935
5a.	if married, widowed, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I ettended decessed from  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.	DATE OF BIRTH (month, de	ey, end yeer) 19	35-11-	8	I lest sew h er elive on New 9 , 1930; deeth is said
7.	AGE Years	Months 1	Deys 2	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete steted above, e3:30a.m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:
OCCUPATION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			time (years)	Broncho-Freumonia not Juscaded
	this occupation (mayeer)  BIRTHPLACE (city or town (Steta or country)	Carr		ent in this cupetion	Other Contributory Causes of importence:
FATHER		erling Co	rawmer rroll (		Name of operation None Date of
_	(Stete or country)		aryland		Whet test confirmed diegnosis luneal fulluy Wes there an eulopsy? 20
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city or t (Stete or country)	VWII/	roll Co yland		23. If death was due to externel causes (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide?
17.	INFORMANT Ste	erling Co	rawmer,	Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR Plece Inters	REMOVAL			Menner of injury
19.	UNDERTAKER(Address)	6.m.21 Winfield			24. Wes disease or injury in any wey related to occupation of deceased?
20.	FILEDODE 10	19 One	w Seril	Registrar.	(Signed) Jag J Thorod M. C. (Address) Hew Winds or red

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	grand to	Example II		
The principal cause of death and relation of importance were as follows:	ted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importa	nce:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA	ICATE OF DEATH	AND-CERTIFIC	MARYL	OF	STATE
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14038

8. Trade, profession, or particular kind of work done, as SPINNET CO Cream Mfg.  SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place. Ebenezer Gemty Datablec. 26, 1935.  19. UNOERTAKER  (Address)  Winfield, Mary  Charact Made conducts of Cond	1. PLACE OF DEATH					92-2	0
Length of residence in city or town where death occurred. 55. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of the March In U. S. If of the	County	Ca	rroll	••••		Registration Dist. No.	X
(a) Residence: No. Winfield, Md. (Usualpiace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Male  White  S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Comits the word)  Married  Married  Married  Married  Married  Month  December, 23, 133  (Month) (03), 133  (Month) (04, 134  (Month) (04, 134  (Month) (04, 134  (					(]f	death occurred in a hospital or institution, give its NAME instead of street and n	
(a) Residence: No. Winfield, Md. (Usualpace of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Male  White  5. SINCLE MARRIED, WIDOVED, OR DIVORCED Comit the word)  Maryied  6. DATE OF BERTH (month, day, and year)  5. La First or Months  5. Months  5. The profession, or particular  5. AGE  7. AGE  Years  Months  5. Trade, profession, or particular  SANVER, BOOKEEPER, etc.  1. Iday  1. SANVER, BOOKEEPER, etc.  2. La CALLBACTON  1. SANVER, BOO	2 FILL N	AME	Sewell	K East	on		
3. SEX  Male  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Marr				Winfi	eld, Md.		State
Male White OR DIVORCED (wints the word)  55. If married, widowed, or divorced HUSBAND (Ouy)  55. If married, widowed, or divorced HUSBAND (Ouy)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days HLESS than 16 1day, hrs of Divorced Iday, hrs of Divo	PERSO	ONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
6. DATE OF BIRTH (month, day, and year) 1880-6-7.  7. AGE Years Months Days I H LESS than 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows min.  8. Trade, profession, or particular kind of work done, as SPINNET Ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINNET ce Cream Mfg.  9. Linute State of above, Silba, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome kind of work done, as SPINNET ce Cream Mfg.  9. Chrome and of work and each stated above, Silba, m.  10. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  9. Chrome and of the date stated above, Silba, m.  10. The principal cause of minor causes of importance were as follows.  10. The principal causes of importance were as follows.  11. Instant All Cause of Death Hand to have a cause of importance were	1			OR DIVORCE	(write the word)	December, 23,	, 193.5 • (Year)
S. DATE OF BIRTH (month, day, and year) 1880-6-7.  7. AGE Years Months Days If LESS than 1 day, hrs. of his or min.  8. Trade, profession, or particular kind of work done, as SPINTER Ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINTER Ce Cream Mfg.  8. Trade, profession, or particular kind of work done, as SPINTER Ce Cream Mfg.  9. Industry or business in which work was done, as SI k Mill., SAVYER, BOOKKEPFR, etc.  9. Industry or business in which work was done, as SI k Mill., SAVYER, BOOKKEPFR, etc.  9. Industry or business in which work was done, as SI k Mill., SAVYER, BOOKKEPFR, etc.  10. Date deceased last worked at 12/35 11. Total time (years) spent in this occupation (month and year)  11. BIRTHPLACE (city or town). Carroll Co.  12. BIRTHPLACE (city or town). Maryland  13. NAME Johnzie Easton,  14. BIRTHPLACE (city or town). Was an abusiness of importence:  15. MAIDEN NAME Susana Barnes,  16. BIRTHPLACE (city or town). Howard Co.  17. INFORMANT Mrs. Mary L. Easton, (Addres F. F. D Westminster, Md.  18. BURIAL CREMATION, OR REMOVAL Place. Ebenezer Cemty Date Dec. 26, 1935.  19. UNDERTAKER (Address). Winfield, Md.  19. UNDERTAKER (Address). Winfield, Md.  19. UNDERTAKER (Address). Winfield, Md.	5a. If married, wid HUSBANO o (or) WIFE of	dowed, or divo	Mary L.	Easton			deceased from
7. AGE Years Months Days If LESS than 1 day. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs	6. DATE OF BIRT	TH (month, da	v. and vear)	880-6-7			; death is said
8. Trade, profession, or particular kind of work done, as SPINKET Ce Cream Mfg.  SAWYER, BOOKKEPER, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  Winfield, May  If so, specify  Was there an autoput cocurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there and State or country in eny way related to occupation of deceased?  If so, specify  Was there or injury  Neture of injury in eny way related to occupation of deceased?  If so, specify  Winfield, May  If so, specify	7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of onset
(State or country)  Maryland  13. NAME Johnzie Easton,  14. BIRTHPLACE (city or town)	year)	or business in was done, as MILL, BANK, ceased last wo occupation (mo	n which SILK MILL, etcrked at 12/	/35 .11. Total ti sper occu	me (years) It in this Ipation	delitation -	6 Monda
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL (Place  (Address)  19. UNOERTAKER (Address)  Was there an autops  What test confirmed diagnosis? Was there an autops  Was there an autops  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Neture of Injury  Neture of Injury  19. UNOERTAKER (Address)  Winfield, Md  If so, specify  If so, specify  If so, specify	(State or o	country)	Mar	yland			
What test confirmed diagnosis?  Was there an autops  15. MAIDEN NAME  Susana Barnes,  16. BIRTHPLACE (city or town) Howard Co. (State or country) Maryland  17. INFORMANT Mrs Mary L. Easton, (Address F. D Westminster, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Cemty Date Dec. 26, 1935.  19. UNOERTAKER (Address) Winfield, Md.  19. UNOERTAKER (Address) Winfield, Md.  What test confirmed diagnosis? Was there an autops  Was there an autops  Was there an autops  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Neture of Injury  19. UNOERTAKER (Address) Winfield, Md.  19. UNOERTAKER	13. NAME	Jol	nnzie Ea	aston,			
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Mrs Mary I Easton (Address F.D Westminster, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Gemty Date	14. BIRTHPLA	ACE (city or to e or country)	-syl(nwo	•			
18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Gemty DateDec. 26, 1935.  19. UNDERTAKER 6. 26. M. Halls. (Address) Winfield, Max 24. Was disease or injury in eny way related to occupation of deceased?  If so, specify	- Cotate	ACE (city or to e or country)	M How	ard Co.	đ	Accident, suicide, or homicide? Date of Injury  Where did injury occur?(Specify city or town, county and State	, 19 e)
(Address) Winfield, Md If so, specify	18. BURIAL, CREMATION, OR REMOVAL						
20. FILED La -24-, 19.33 6. M. James Hew Windson Und -	(Address)	)	Winfiel	d,Ma	anes	If so, specify (Signed)  (Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

OI.	DEMI	1400
		5-1

1	L PLACE OF DEA	TH			Ge. A	
	County Car	roll			Registration Dist. No.	
	Village er City ON	akefri	ld			Ward
	Length of reeldance in a	ity or town where	dooth assured 4	/	death occurred in a hospital or institution, give its NAME instead of street and number death of the long in U.S. if of foraign birth?	
	(	) / 1	death occurrad	l.	now long in 0. 3. ii of lotaign bifth:	us.
	2. FULL NAME	da M	ay cc	ker		
	(a) Residence: No		(Usual piace	of abode)	St., Ward. If nonresident give city or town and State	
-	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLO	R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
1	temale   ni	hete	marri	(write the word)	(Month) (Day)	(Year)
5a.	. If married, widowed, or dive	. /	7 /			
	(or) WIFE of Mar	vill.	cker		22. 1 HEREBY CERTIFY. That I attended dece Sept. 20° 1935 to Dec. 28°	asad from
	DATE OF BIRTH /	60	102-6 10	7-1866	Hast saw has evive on Klass 28 1935 de	
	DATE OF BIRTH (month, da  AGE Yaars	y, and year) ///	Days	If LESS than	to hava occurred on the date stated abova, at 3 m.	atii 13 3aiG
	69	9	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
	8. Trade, profassion, or p	articular	1	l ormin.	were as follows: Desocuredities De	te of onset
ON	kind of work done, SAWYER, BOOKKE	as SPINNER, PER, etc.	fauxe 0	vife		929
OCCUPATION	9. Industry or business in work was done, as	n which				
2	SAW MILL, BANK, 10. Date decaased last wo	etc	1 11 Tabel 1			
ŏ	this occupation (mo	nth and	sper	me (years) It in this Ipetion	4	
		7	2 + 1		Other Contributory Causes of importance:	
12	. BIRTHPLACE (city or town) (State or country)	>	Band	<u>.</u>	Phrombosis of clave	
2	13. NAME O L	· ON	Lander	L	and femiral verses	
FATHER	1000	2000	Mindo		Name of operation Pure Date of	
FA	14. BIRTHPLACE (city or to (State or country)	mar	uland		What tast confirmed diagnosis? Clinical Was there an autop	ous Dem
HER	15. MAIDEN NAME E	nlen J	umbut		23. If daath was due to extarnal causas (VIOLENCE) fill in also the following:	sy:
MOTH	16. BIRTHPLACE (city or to	(wn) There	Windso	_	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	mary	land		Where did injury occur?	
17	INFORMANT May	rice E	cker		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
_	(Address) Tree		ndson	md		
18. BURIAL, CREMATION, OR REMOVAL Place Winters Date Dec 31 1935			2. 60 a.	21 102/-	Mannar of injury	
-	Placa N. S. S. S. C. C.		Date Neu	1932	Natura of injury	
19	UNDERTAKER 7	anka	rel + :	in	24. Was disease or injury in any way related to occupation of dacaased?	P
	(Address) (We	elmine	ven m	or . I	If so, spacify	
20	FILED SA	19 Chace	M Milan	raliat	(Signad) C. J. Silling Stan	M. D.
Q			2004	Registrar.	(Address) Westmunder,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Sensorati V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1	STATE O	F MARYLAND	CERTIFICATE OF DEATH	4040
io.	County Carrell	* vs	Registration Dist. No. 2/	
	Village or City Thursonto	ww	No. St.	Ward
	Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and death	number)
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town an	nd State
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
71	SEX 4. COLOR OR RACE  At Cuoser 4. Color or Race  At Cuoser 4. Color or Race	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Leceuter 24 (Month) (Day)	, 193 J (Year)
Ja.	HUSBAND of  (or) WIFE of		22. I HEREBY CERTIFY. That I attended	
6.	DATE OF BIRTH (month, day, and year)	ev. 24-35	I last saw h, 19,	; death is said
7.	AGE Years Months Stillborn	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Date of onset
OCCUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stell Ginth	
CUPA	work was done, es SILK MILL, SAW MILL, BANK, etc	11 Tables (vana)		
ŏ	this occupation (month and	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town)	ntour	Other Contributory Causes of Importance:	
ER	13. NAME a. Russell	Flergle		
FATHER	14. BIRTHPLACE (city or town) Lines (State or country)	ntown nd.	Name of operation Dete of What test confirmed diagnosis? Was there an	
IER	15. MAIDEN NAME Latherin	e a. Bowess.	23. If death was due to external causes (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or town)	mid.	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17.	INFORMANT A. Musell (Address) Musell	I leagle	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18.	BURIAL, CREMATION, OR REMOVAL Place Lu fellules 6	Date 12-24 ,1935	Manner of injury	
19.	UNDERTAKER (Address)	a man and	24. Was disease or Injury in eny way related to occupation of deceased?	20
20.	FILED Du 25, 19 35 Ma	Sparet R. Englan.	(Signed) Alexandra Alexand	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

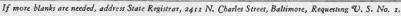
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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or the principal sumset	Example I		Example II		
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	. N 3 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	I MERCHUV. 3.	July 5,1927	Peritonitis	3 days ago	
	The second secon				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

165			0100
	Registrati	on Dist. No.	72:
Nodeath occurred in a hospital o		S	t.,Ward
death occurred in a hospital o			
	. S. If of foreign biftlif	yrs	mosus.
de			
St., Ward.			
		dent give city or tow	
	AL CERTIFICA	TE OF DEA	TH
21. DATE OF DEA	TH	21	- 2
	(Month)	(Day)	, 193 (Year)
on 1.	EBY CERTI		
	, 19, to_		
I last saw h allve to have occurred on the da			l; death is said
The PRINCIPAL CAUSE O			
were as follows:	1 DEATH and related	) inportance	Date of onset
Encide	Irom to	- grang	
		0	
Other Contributory Causes	of Importance:		
non			
Name of operation		Dat	e of
What test confirmed diagno	osis?	Was the	re an autopsy?
23. If death was due to exten			
Accident, suicide, or homic	ide? Suicid	Date of Injury_	12/28/1935
Where did injury occur?	m. Ple	cont.	mely
Specify whether Injury occ	Specify cit) urred In INDUSTRY, in	y or town, county and HOME, or in PUBL	nd State) .IC PLACE.
Hon			
Manner of injury	inid-		
Neture of Injury			
		annotice of de-	no.
24. Wes disease or Injury in	any way related to or	ccupation of decees	801
If so, specify	5	27.	Corner
	latima	and to	M. D.
	and the same of th		
acre NI Charles Street Balein	ore Pennstone 971 C	A7	



Registrar.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example F		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	hanna k
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1.year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- te -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(3)
	County Carroll STEWIN COMPORATE LIE	Registration Dist. No. /6
item of should of OCC	Village or City Westminster	NoSt., Ward
t s		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
CORD. Every PHYSICIANS ict statement	2. FULL NAME Prohum Gist	
D. I	(a) Residence: No. 91 W. Main	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
E	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
T 2 ≥ 1	OR DIVORCED (write the word)	Necleulen 9 185
NENT CTL iffed.	5a. If marriad, widoweQor divorcad	(Month) (Day) (Year)
S A S	5a. If marriad, widowe por divorced HUSBAND of Susan B. Gist (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
CXE E	Thomas de 29 15 00	liast saw h Are alive on OFO / G 19 3U dath is said
PE PE III	6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
FOR BI	79 - 17   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
- 70	Trada profession or particular	Date of onest
ED THIS I be	kind of work done, as SPINNER, Tarmer SAWYER, BOOKKEPPER, atc.	1 Se la
ERVI VK—T) should it may n back	9: Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date saved last worked at this occupation (month and 10 26 spent in this spent in this	Leverial V Eller Heory 14193
SE S		
REST AGE I THAT ONS	year) occupation	Other Contributory Causes of Importance:
A	12. BIRTHPLACE (city or town)	(7) m
MARGIN RE UNFADING supplied. AGI n terms, so tha		your alpurus
7 5 7 7	ī / / / / / / / / / / / / / / / / / / /	Name of operation
E -= 50	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
A, WITH carefully SH in plain ortant. S	# 15. MAIDEN NAME Cligabill Orndorf	22. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:
MLY, W) be carefu EATH in 1	[ 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of Injury, 19
de car DEATH y import	S (State or country)	Whare did injury occur? (Specify city or town, county and State)
PLAI ould F DE	17. INFORMANT ADDI. State (Address) Westminutes und.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
_ = 0 -	18. BURIAL, CREMATION, OR BEMOVAL C. + Trans.	Mannar of injury
日   日   日   日	(Family Sure tot) See Data 5 EC. 21, 19.35	Natura of injury
WRITE mation sl	19. UNDERTAKET Bankard Joan	24. Was disaase or injury in any way related to occupation of decaased?
0.	(Addrass) patriments med.	A so, spacify
7. B. Y.	20. FILED / 20, 10 5 VIlleso & word	(Signad) , turker loans, b, D.
P 4	Registrar.	(Addrass) Allacerstu Ma
	15 more planks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows+ of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	STATEMENTS BY PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH 141	043		
	1. PLACE OF DEAT	гн	100		[82-9]			
	County	Carroll	an man es	RECOATE LINE	Registration Dist. No.			
	Village or City	Nestminst	er		No. 96 East Main St., If death occurred in a horpital or institution, give its NAME instead of street and number	Ward		
	Length of residence in cit	ty or town where deat	h occurred 5	O yrs. mos	if death occurred in a horpital or institution, give its NAME instead of street and number s	ber) ds.		
	2. FULL NAME AX	nnie Flor	rence	Belle Goo	odwin			
	(a) Residence: No	96 Ea	st Ma (Usual place	in of abode)	St., Ward.  If nonresident give city or town and Stat	e		
	PERSONAL AN	D STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
		R OR RACE 5.		RRIED, WIDOWED. ED (write the word) Wed	21. DATE OF DEATH  December 27 19  (Month) (Day)	3.5. (Year)		
5a	. If married, widowed, or divor HUSBAND of (or) WIFE of Che	arles E.	Goodw	in	22. I HEREBY CERTIFY, That I attended dece	eased from		
6.	DATE OF BIRTH (month, day	and year) Allows	net 24	. 1860	I last saw here alive on the 27 1935; de			
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7.30 P.m.			
	75	4	3	1 day,hrs.	mere as follows:	ate of onset		
TION	8. Trade, profession, or pa kind of work done, a SAWYER, BDDKKEE	as SPINNER, PER, etcA	t hom	е	Cerebral Hemorrhage (Cer			
OCCUPATION	Industry or business in work was done, as S SAW MILL, BANK, e							
Ö	1D. Date deceased last work this occupation (mon year)	nth and	sp:	time (yeers) ent in this upation				
12	BIRTHPLACE (city or town) (State or country)	Marvl	and		Dther Coutributory Causes of importance:	** ** ** ** ** ** ** ** **		
ER	13. NAME Geor	rge P. Al						
FATHER	14. BIRTHPLACE (city or too (State or country)				Name of operation. Date of			
ER	15. MAIDEN NAME	rancanna	Evan	9	23. If death was due to external causes (VIDLENCE) fill in also the following:	isy!		
MOTHER	16. BIRTHPLACE (city or tow (State or country)	wn)Marvl	and		Accident, suicide, or hombide? Date of injury Where did injury occur?	, 19		
17	.INFORMANT Mrs	R. K. Westmins			(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.			
18	BURIAL, CREMATION, OR RI	EMOVAL			Manner of injury			
19		. Francis			24 Was disease or injury in any wey related to occupation of deceased?	ρ		
20	FILED / 2/30,1	, SV 7/10	lus	odium	(Signed) C. F. Sullinglea	M. D.		

Registrar.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Data of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SHERMAN, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
8 County Carroll	Registration Dist. No.
Village or Cityle, Janey Wirn,	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME John Graham	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
M W OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, windwed or divorced HUSBAND of (or) WIFE of	22.   I HEDEBY CERTIEY, Thet I attended deceesed
mus f. Fraham	0/16 ATT 1993.6
6. DATE OF BIRTH (month, day, end year) Curul 24, 1862	I lest saw h wie alive on Sty 7 6 1 19.33; deeth is s
7. AGE Years Months Days If LESS than 1 dey,hrs	to heve occurred on the dete steted above, at 1.4.4.4.5.m.
10 7 12 or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Maan Valoretut Atrat
9. Industry or business in which	Oxense On your denni
work was done, as SILK MILL, SAW MILL, BANK, etc	
O late deceased last worked et this occupation (month end spear)	
(20	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	
13. NAME Damuel Traham	
13. NAME amuel Traham  14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Mary Hunes	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VOO, THE STANDARD (Address) - Danielas Alan Trans	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
D BURIAL, CREMATION, OR REMOVAL	Manner of injury
Jufface uniontary Infecte & Ce. 10, 193.	Nature of injury.
19. UNDERTAKER COLD TUSO Y SON	24. Was disease or injury in eny wey related to occupation of deceased? 1990
(Address) Danlytoung Ind.	If so, specify
20. FILEDEC. 9. 1935 El her Mehring ford	(Signed) MACON MAC
Registrar.	(Address) CAssAsAsAsEIAG

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AN 3 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	1	13	-0	Do-	
	4	0	4	.)	

	1. PLACE OF DEATH Maryland Tuberculosis Sanatorium								
н	County	County Carroll Colored Branch (23) Registration Dist. No. 74							
		Village or City Henryton, Maryland, No.							
	Length of res	idence In city or town where	death occurred	O yrs. I mo:	f death occurred in a horpital or institution, give its NAME instead of street and s	number)			
	2. FULL NA	ME Josephi	ne Gros	S	VIIII OLIIVIOL	1/17			
	(a) Resider	ice: No. 422 W.	Hofiman	St., Bal	timore, Wdo				
	25220		(Usual place		If nonresident give city or town an				
	3. SEX	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	• 64			
	remale	Color ed	OR DIVORCE	RRIED, WIDOWED, ED (write the word) EQ	21. DATE OF DEATH ember 21, 1935  (Month) (Day)	, 193 (Year)			
	5a. If married, widow HUSBANO of	ved, or divorced  Joseph	Cnoce		22. I HEREBY CERTIFY, Thet I ettender	d deserved from			
	(or) WIFE of	Joseph	01055	ru-t	Nov., 20, 1935, Dec., 21,				
ė.	6. DATE OF BIRTH	(month, day, end year) M	arch 1,	1873	last saw her alive on Dec., 21, 1935	; death is seld			
cat	7. AGE Yes		Oays	If LESS than	to have occurred on the date stated above, at 5.00 m.A.M.				
certificate.		62 9	20	1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	I Data dana			
ce	Z 8. Trede, profe	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc	II a sa a a mái		Pulmonary Tuberculosis	July			
Jo 3			nousewi	1.6	-	1935			
on back	work wa	business in which s done, as SILK MILL, LL, BANK, etc	-						
uc	U 10- Date decees	ed last worked at		time (years)					
us (	year)	THICK TOWN	Unk	ent in this	Other Coutributory Causes of importance:				
instructions	12. BIRTHPLACE (ci				Ottos Courbatory Courses of tiliportance.				
tru	(State or cou	ntry) Virgi Samuel Stro							
ins		· · · · · · · · · · · · · · · · · · ·							
See			ngton, in <b>ia</b> .		Neme of operation Date of	No			
	(State of	ME Margaret				autopsy? NO			
important.					23. If death was due to external causes (VIOLENCE) fill in elso the following				
por	O 16. BIRTHPLACI	(city or town) Lexi	inia.		Accident, suicide, or homicide? Oate of injury Where did injury occur?	, 19			
m		John E. O'		M. D.	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate)			
	17. INFORMANT (Address)	Henryton,			Specify with the state of the s	LAUL.			
is very	18. BURIAL, CREMAT	TION OR REMOVAL -	/	9	Manner of injury				
Z	Place/_/	t-ausa	Water M	cc de 19	Nature of injury				
TION	19. UNDERTAKER	an Jack	clis 21	21 me	24. Was disease or injury in any way related to occupation of deceased?	No			
	(Address)	machine	st salta ho	t	If so, specify	00			
	20. FILED 12/2	21/35,	Sty Loca	Meill.	(Signed) Thur Dece	M. O.			
		rep	TOCS	Registrar.	(Address Henryton, Maryland,				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1936	July 5, 1927	Peritonitis	3 days ago	
JA JA				
BUREAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF	MARYL	LAND-CE	RTIFICA	ATE (	OF D	EATH
--	----------	-------	---------	---------	-------	------	------

14046

	OF DEATH	Ma		lored Branch 23		
County_	Carroll			Registration Dist. No. 7	4	
	or City Henryton		(If	No. St death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?	War (and number) (mosd	
2. FULL N	0 0 0 7	ee Hard	y ord Co.,	Md <sub>St.,</sub> Ward.		
PFRS	ONAL AND STATIST			If nonresident give city or town  MEDICAL CERTIFICATE OF DEAT		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX Male Colored Single, Married, WiooWed, OR Divorced (write the word) Single				21. DATE OF DEATH Dec., 11, 1935	5 , 193	
5a. If married, wi HUSBAND ( (or) WIFE o	idowed, or divorcad of of			(Month) (Oay) (Yaar)  22.   HEREBY CERTIFY, That I attended deceased fro  June 11, 1934, Dec., 11, 1935		
6. DATE OF BIR 7. AGE	TH (month, day, end yeer) Se Yaars Months '33 2	oavs 24	If LESS than 1 day hrs.	June 11, 1934 <sub>19</sub> , to Dec., 11  I last saw h 1m alive on Dec., 11, 1935 <sub>1</sub> to have occurred on tha date stated ebove, at 9.15 Pm. M.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Fulmonary Tuberculosis		
8. Trada, profession, or particular kind of work dona, as SPINNER, Laborer  9. Industry or business In which work was dona, as SIK MILL, SAW MILL, BANK, etc  10. Oata decaased last workad at this occupation (month and year) Unix (TOWN)  12. BIRTHPLACE (city or town) Camden (Stata or country) New Jersey.  13. NAME JOSIAN Hardy  14. BIRTHPLACE (city or town) Camden, (State or country) New Jersey.  23. MAIOEN NAME Gertrude Molten  16. BIRTHPLACE (city or town) Maryland.  17. INFORMANT John E. O'Neill, M. D., (Address) Henryton, Maryland.				Other Contributory Causes of Importance:	Peb 1934	
				Nama of oparation Dete  What test confirmed diegnosis? Was there	No	
				23. If death was due to external causes (VIOLENCE) fill In also tha following:  Accident, suicide, or homicide? Date of injury, 19		
	MATION, OR REMOVAL	400	14,1936	Manner of injury		
19. UNDERTAKER (Address)	1/11/55	wing Sar	Moell Registrar.	24. Was disease or Injury In any way related to occupation of deceased If so, specify  (Signad)  (Address) Henryton Ma	No No	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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· II	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5;1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1321 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14047
1. PLACE OF DEATH	- W70
County Carroll O	Registration Dist. No.
Village or City Bauchman Valle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or Joyn where death occurred yrs	death occurred in a hopital or institution, give in 1943/12 instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Class Sull & James,	
(a) Residence: No. OULDIKE	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE /   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Ceverly Warris	22. I HEREBY CERTIFY, That I ettended dacaasad from
1 1001	1925, to Dec of 1948
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Years Months Days If LESS than	I lest saw h.C. I alive on
J X 10 16 Iday,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL.	Carmong of Jung 11-4-33
DI CAW MILL DANK etc	0
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Devoug Da (Stata or country)	Other Contributory Chases of importance:
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Neme of operation Oate of What test confirmed diagnosis? Clusterly & Xxx Was there an autopsy?
15. MAIDEN NAME Mary Francia Moore	23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MULTAN STANY 9 0	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wespringer 1218	
18. BURIAL, CREMATION OR REMOVAL  Place Page 1935	Nature of injury
19. UNOERTAKER DAY Hangle Sous, 1 (Addrass) All Wandson July	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILEO / 1997 Pleso 22 Registras.	(Signad) Cyferd du Cayles M. D.  (Addrass) Wetstruck May
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1AV 3.				
Other contributory causes of importance:	7	Other contributory causes of importance:		
Gallstones 9 1 A 17.	May 1,1923	Gastroenteritis	1 year	
-31 7 18	8/			
) -XI CO	161			

V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	107-2
County Carrell	Registration Dist. No. 7
Village or City Su Revuelle	Not knightle that he kiles ward
/	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town-where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Resse ( Daruey )	1 1 1 1
(a) Residence: No. (Usual place of abode)	St., Ward. Kennesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Silenther 26 L, 193 5  (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Multicaran	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mukeeasan	I last saw h Ax alive on A secular 25, 19.3 %; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, etm,
Askered 447 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER,	
SAWYER, BDOKKEEPER, etc.	Honchopulumona 12/25/35
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Can lan bronel it
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and spent in this	A
yeer) occupation	principal
12. BIRTHPLACE (city or town) fluxus	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Lukewown —	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an eulopsy? ###
15. MAIDEN NAME Mary Dege	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Dege  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT All Collections (Address) Subject to the subject tof	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Date Date 29, 19 35	Nature of injury
19. UNDERTAKER KELL LOOK Due.	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) Septembelle Medy.	If so, specify
20. FILED Del. 24 1935 OHarry New	(Signed) Macyd Ul. Ces M.D.
Registrar.	(Address) - Light will like

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

for authoristing	SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	t. Liledeender;
Clees in berhavent 5	ile 3/\$7/39. B.	
		0
V		

OCCUPA. plnods W statement PHYSICIAN PERMANENT RECORD. classified. H certificate. properly stated SI WITH UNFADING INK-THIS back may no that instructions supplied. in plain terms, carefully important. OF DEATH pe pluods very -WRITE CAUSE mation LION

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Carroll County Registration Dist. No. Sykesville, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred If U. S. Veteran, specify WAR\_ Salisbury, Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) December Female Whi te Widow (Month) Hickman (or) WIFE of

How long In U. S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. 2: FULL NAME Cora Elizabeth Hickman MEDICAL CERTIFICATE OF DEATH 3. SEX 193 5 (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from December December June 9, 1877 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months to have occurred on the dete steted above, et 1:100 m Devs If LESS then 1 dey, \_\_\_\_\_hrs. 58 6 10 The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence or .... min. were as follows: Date of onset 8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ Chronic Myocarditis prior to OCCUPATION Housewife 12-5-35 9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ Colon Smeumonial Divisation: seven! 10. Date deceased last worked at 11. Total time (years) this occupation (month and 1935 year) spent in this occupetion 40 Other Contributory Causes of Importence: Wilmington 12. BIRTHPLACE (city or town) voostatic pneumonia: Del. (Stete or country) FATHER William C. Truitt. 13. NAME 14. BIRTHPLACE (city or town). Whet test confirmed diegnosis linical Sympathemen eutopsy? no. (State or country) MOTHER 15. MAIDEN NAME Laura 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_19 16. BIRTHPLACE (city or town) \_\_\_\_ Marvland (State or country) (Specify city or town, county and State) 17. INFORMANTSpringfi State HOSD. record meetify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE e Marvl (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of injury\_ 24. Was disease or injury in any wey related to occupation of deceesed?\_\_\_ 19. UNDERTAKER If so, specify md,

Registrar. (Address) \_\_

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Example I	***	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 4 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14050

1. PLACE OF DEATH		(11-6)	Desired to the Died	\$(3)
Village or City Hood Fu	in mid	No.	Registration Dist. I	
Village of City	(1	f death occurred in a hospital or institu	ntion, give its NAME instea	St.,Ward d of street and number)
Length of rasidence in city or town where deat!	occurred 22_yrsmos	sds. How long In U.S. if	of foreign birth?	yrsds.
2. FULL NAME Ethel	S. / Tesseler	/		
(a) Residence: No. Atord	Fine (Usual place of abode)	St., Ward.	If nonresident give cit	y or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL C	ERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH		5 7, 193 5 Day) (Yaar)
5a. If married, widowed, or divorced	1			
(or) WIFE of Transper of	Kensley	to the second second	CERTIFY, Th	at I attended deceased from
6. DATE OF BIRTH (month, day, end year) 188	7-12-26.	I last saw h aliva on		, 19; daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date state	ed above, at 8:30An	n. ,
48 0	/ 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA	TH and related causes of In	nportance Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ouse wife	La In	the	12/12/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Infected	antrum	12/18/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11, Total tima (years) spent in this occupetion	-		
12. BIRTHPLACE (city or town)	ll lp.	Other Contributory Causes of Imp	ortance:	
(State or country)  13. NAME Frances  (State or country)	any lund.	into brane	0	
14. BIRTHPLACE (city or town)— Lunci	L Lo:	Nama of operation		Date of
(State of Country)	nary land.	What test confirmed diegnosis?		Was thera en autopsy?_\0.
15. MAIDEN NAME College V.	Mills.	23. If deeth was due to external ca	uses (VIOLENCE) fill in als	so the following:
16. BIRTHPLACE (city or town)	a Lo	Accident, suicide, or homicide?	Date of	Injury, 19
(State or country)	uryland.	Where did Injury occur?	(Specify city or town,	
17. INFORMANTA. It spillson ?	Ressler	Specify whether injury occurred 1	n INDUSTRY, In HOME, or	In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	0	Manner of injury		
Place Margan Chapel and	pare Wee. 29, 1935	Nature of Injury		
19. UNDERTAKER O MAGE	43.	24. Was diseese or injury in any v		
20. FILED DICA ( 1935 Aug	2 m. Hewill	(Signed)	by Frah	М. С
Ast.	ks are needed, address State Registrar.	(Address)	sury /	Ø.•

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
M. W. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

1	. PLACE OF DEATH						
	County Carroll	County		Registration Dist. No. 7	of		
	Village or City_Sprine	gfield Sta	ate Hos	pi-ta	1 No. Sykes ville Md. St., death occurred in a hospital or institution, give its NAME instead of street and it	Ward	
					death occurred in a hospital or institution, give its NAME instead of street and included the death of the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in a hospital or institution, give its NAME instead of street and included the death occurred in the death occurred to the death		
2	. FULL NAME GUY	Anthony L	ivingst	one.			
			9		St., Ward.		
-					If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State	
3.5	PERSONAL AND ST		MARRIED, WIDE		21. DATE OF DEATH		
	Male White		ORCED (write that IFTIED		December 023	, 1935 (Year)	
5a.	If married, widowed, or divorcad HUSBAND of	11 .		,	22. I HEREBY CERTIFY, That I attanded	deceasad from	
	(or) WIFE of	lukus	ron		From May 4 1935, to Dec. 23,		
6. 1	DATE OF BIRTH (month, day, end ye	ear) May 10	1910		I last saw h.im. alive on Dec. 23,		
7. /	AGE Years N	Months Day		S than	to have occurred on the date stated above, at 12:50P.M.		
15	35 25	7 13	or		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset	
NO	8. Trade, profession, or particular kind of work dona, as SPIF SAWYER, BOOKKEEPER, etc.	NNER. Labore	22		General paresis	7-1934	
UPATION	9. Industry or business in which		3.1			1-Tana	
CUP	work was dona, as SILK MI SAW MILL, BANK, etc	rarm					
000	10. Data deceased last worked at this occupation (month and	A STATE OF THE STA	Total time (years) spent in this occupation	Ovr			
-	year) Appril 2,				Uther Contributory Canses of Importance:		
12.	(Stata or country)	comicoCom	unty, M	d	Broncho pneumonia		
ER	13. NAMELee Livins	rstone			Palmonary abcess 1	2-20-35	
FATHER	14. BIRTHPLACE (city or town)		Country	TITA.	Name of operation No operation Data of What test confirmed diagnosis? Jaboratory Was there an aulopsy? NO		
-	(State or country)	TEOOMEOG "	Journ J.	Mar			
HER	15. MAIDEN NAME Antoir	nette Brow	m		23. If death was dua to extarnal causes (VIOLENCE) fill in also the following	g:	
MOT	16. BIRTHPLACE (city or town)	Vicomico (	County.,	Accident, suicide, or homicide? Data of injury			
	(State or country)			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE			
17.	INFORMANT Springf; (Address)	records	e-Hospi	tal	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	ACE.	
18.	BURIAL, CREMATION, OR REMOVA	L-A	01	n(	Manner of injury		
_	Placa Union Cen	relary Data to	le. Le	Nature of injury			
19.	UNDERTAKER albert	Harogus	ly		24. Was disease or injury In any way related to occupation of deceased?		
	(Address) 447 XX	Mouth a	ZUS		If so, specify		
20.	FILED SOL 23 , 1986	arrany	Meen		(Signed) + sad U. Mars.	M.D.	
1			Re	gistrar.	(Address) Springfield State Ho	Spital	

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Cerebral hemorrhage	July 5, 1937	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	• Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

mation should be carefully supplied.

of OCCUPA-

Exact statement

B.

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2	Village or City Systemissis (If Length of residence in city or town where death occurred 2-3 yrs, / 9 mos to the state of abode)	Registration Dist. No.  No. Annual State St., Ward death occurred in a happital or institution, give its NAME instead of street and number)  Ods. How long in U.S. If of foreign birth? yrs. mos. ds.  St., Ward.  B. Altimole. M. If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male White OR DIVORGED (write the word)	21. DATE OF DEATH  December 9, 193 5  (Month) (Day) (Year)
6. 1	HUSBAND of (or) WIFE of  DATE OF BIRTH (month, dey, and year)  ATT. 28, 1875	1933, to Desember 9, 1935.  I last saw h in elive on Desember 8, 1935; deeth is seld
-	AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, et 2 40 Am.
	60 0 /0 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
OCCUPATION	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupetion (month and year)	Arterios clerosio (systemic) since 1934 Chronic myocarditis (1/5/35
	BIRTHPLACE (city or town) Baltimore (State or country)  13. NAME John Mc Ponald	Other Contributary Causes of Importance:  Epilepsy
FATHER	14. BIRTHPLACE (city or town) (State or country)	Name of operation
	15. MAIDEN NAME Calterine Horan  16. BIRTHPLACE (city or town) (State or country)  INFORMANT Hospital Records (Address)	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?

Sefayette Cov.

(Signed)

(Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial wiphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 53 1832			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

## STATE OF MARYI AND-CERTIFICATE OF DEATH

	County	Car	roll			(101.0)	Desistration Dist. No.	94
	,		ykesvill	5M e		No Springfiel	Registration Dist. No.	tital w
					<u>(</u> 1	No. Springfiel f death occurred in a hospital or institut	ion, give its NAME instead of stre	St.T. a.L. Ward
						s6ds. How long in U.S. if of	foreign birth?yrs	ds.
2			Patrick			4 3.		
	(a) Residend	e: No	ober marr	(Usual place of	re HOSD1	tabt., Ward.	If nonresident give city or to	wn and State
		AL AN	ID STATISTIC	CAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE OF DEA	тн
	Male		r or race	5. SINGLE, MARK OR DIVORCED Single	tied, WIDOWED, (write the word)	21. DATE OF DEATH December	er 13, 1935 (Month) (Day)	, 193 (Year)
a.	If married, widowe HUSBANO of (or) WIFE of	d, or dive				22. I HEREBY	CERTIFY, That I at	ttended deceased from
6 1	DATE OF BIRTH (r	nonth de	v and vase) U	nknown	1862	Nov. 24th,		9 35 death is said
7. /	AGE Yeer		Months Unknown	Days Unknow:	If LESS than 1 dey,hrs.	to have occurred on the date stated	d ebove, at 4:30 m.p. 1	m.
2	8. Trade, profess kind of we SAWYER,	ion, or p ork done, BOOKKE	erticular as SPINNER, UI	nknown	, or	Bronchial pneumonia	11-26-	
CUPATION	9. Industry or b work was SAW MILL	usiness in done, as : , BANK,	which SILK MILL, UI	nknown			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
5	TO, Oate deceese this occup year)	last wo	rked at nth and 1000 h	11, Total tir spen occup	ne (years) t in this Unkno			
12.	BIRTHPLACE (city (State or count		Virginia kı	local	lity_un-	Other Contributory Causes of important Arterioscleros		Pri or
ב ב	13. NAME U	nkno	own					June,19
FATE			own) Unkn	own		Name of operation Non		ite of
	(State or o		73			What test confirmed diagnosis/		ere en autopsy?
MOTHER	15. MAIDEN NAM		Jnknown  Unknown	own		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
-	(Stete or		rfield St	tete Ho	snitel(P	Where did injury occur?	(Specify city or lown, county a	and State)
	(Address)			MANAGE AND	** + ** * T 1)		John Home, of HITOD	I ENVE.
180	BURIAL, CREMATI	ON, OR F	SEMOVAL DE	M. Der	16,1955	Manner of injury Nature of injury		
19.	UNDERTAKER (Address)	us	esnelle	Wild.	,	24. Was disease or injury in any we	y related to occupation of deceas	sed?No
	FILED See		- 011	- and M	1 1 1 1	(Signed) Chao	K. Holomes	-AD 40

V. S. No. 1

N. B.-WRITE

mation should be carefully supplied.

AGE should be stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	-----	---------	------------	----	-----------

1. PLACE OF DEATH  County Surroll Of	Registration Dist. No. 72.
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Letter Land Letter Letter Land Letter Letter Land Letter Letter Land Letter Land Letter Letter Letter Land Letter	osds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: Np.	St. Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (month, day, end year) May - 5 1883.  AGE Years Months Days If LESS than 1 day,hrs ormin.  1 Trade, profession, or perticular kind of work done, as SPINNER, Law Lawy.  SAWYER, BDOKKEEPER, etc	I last saw h was alive on least above, et 2.35 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Jundustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Diabetis Coma Des
2. BfRTHPLACE (city or town) LAUVOLL Co. Md.  (State or country)  13. NAME LUILL  14. BIRTHPLACE (city or town) LUILLU  (State or country)	Dther Contributory Causes of importence:  Parenchy matous heufshing 6900  Labelita Sangrene 2 ho  Mame of operation  What test confirmed diagnosis? Lab.  Was there an au'opsy? HO
15. MAIDEN NAME AND SURGES  16. BIRTHPLACE (city or town). MANUAL SURGES  (State or country)  7. INFORMANT MARCH SURGES  (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
Address) / Sumustas Mary 8.  BURIAL, CREMATION, OR DEMOVAL  Place / Walls Cumulate ofic 131-, 1935	Manner of Injury
O. UNDERTAKER ALLESTONN Pa.	24. Was disease or Injury In eny way related to occupation of deceased?
D. FILED Dea: 11-, 1935 Calvin Banker, Registrat.	(Signed) Sewis Albert M.D.  (Address) Anon Miller And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 4 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every item of infor- PHYSICIANS should state act statement of OCCUPA-	Village or City Henryton My	No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs. WAR SERVICEYES.	mosds.
RECO.: PH	PERSONAL AND STATISTICAL PARTICULARS  3_SEX_	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
NT B	Male d. Color or RACE or Divorced (write the word)	Dec 14, 1935.	, 193
ING NED C T	5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I ettende Feby 11, 1935 19 to Dec. 14,19	(Year) ed deceesed from
BIND PERMA EXA Iy class	6. DATE OF BIRTH (month, day, and year) Apr. 3, 1897.	l last saw it alive on Dec. 14, 1935	; death is sald
A A Der	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, a FM.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
SERVED INK—THIS should be t it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc******  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation from the companion of the co	Pulmonary Tuberculosis	Oct.
Z	12. BIRTHPLACE (city or town) Norfolk, (State or country) Virginia	Other Contributory Causes of importance:	
MA I U sul in t	13. NAME John H. Moore  14. BIRTHPLACE (city or town) Newberne (State or country) North Carolina	************************************	
INLY, WIT be carefull EATH in pl	15. MAIDEN NAME Mary Moore  16. BIRTHPLACE (city or town) Norfolk, (State or country) Virginia  17. INFORMANT John E. O'Neill (Address) Henryton, Md.	What test confirmed diagnosis? Wes there are 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?  (Specify city or town, county and Standard	11179
ITE PLA on should SE OF D	18. BURIAL, CREMATION, OR REMOVAL Place Wangs Cunding Date Was 17, 1935	Manner of injury	
WRITE mation sl CAUSE (TION is	19. UNDERTAKER A TUSICON THE	24. Was disease or injury in any way related to occupation of deceased?	No

19. UNDERTAKER (Address)

20. FILED 12/14/35 19. Dep

(Address -- Henryton, -Md, If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Signed)

V. S. No. 1

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II	Zampies.
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Cerebral hemorrhage	1915 1921 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	Date of onset  1 week ago 1 week ago 3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

Deputy Local

STATE OF MARYLAND—CERTIFICATE OF DEATH 14056 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) NONE If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 30, 1935, December (Day) (Yaar) 20, 1935 to Dec., That lattended deceased from 30, 1935 2.15 P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importence PATOTION Pulmonary Tuberculosis 1935 23. If death was due to external causes (VIOLENCE) fill in also the following:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) Henryton, Maryland,

V. S. No.

mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	11	Example II	
he principal cause of death and related cause importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rteriosclerosis	1916	Attack of epilepsy	1 week ago
hronic interstitial nephritis	1921	Run over by street car	1 week ago
erebral hemorrhage	July 5, 1927	Peritonitis :	3 days ago
	,		
A CONTRACTOR OF THE PARTY OF TH			
ther contributory causes of importance:		Other contributory causes of importance:	
allstones	May 1,1923	Gastroenteritis	1 year
		•	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 14657
1. PLACE OF DEATH	(4R) / Ne h
County Clariff.	Registration Dist. No.
Village or Diffesto water diacit.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred Jyrs	(If death occurred its a notpital of institution, give its IVAIVE instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ada Menetta Myers	
(a) Residence: No. West Minstatur At # 2 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	VED, 21. DATE OF DEATH LLEY
Female White married married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 LUSDERY CERTIES That I would be seen
(or) WIFE of Harvey C. Mylis.	I HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, dey, and year) Port 6 1890	[lest saw ev alive on and 30. 1936; death is said
7. AGE Years Months Days If LESS	than to have occurred on the date stated abova, at 5.15.14. M
45- 4 24 1day,	in war as follows:
8. Trade, profassion, or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc	de arginoma of 1935
U 10. Date deceased last worked at 11. Total time (years)	Mertis & surrounding copied
o this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Couses of Importanca:
(State or country) ( lmh york Co	
13. NAME HED. HELSEY.	
I4. BIRTHPLACE (city or town)	Name of operation Radingwas weld Date of _6./10/36
(Steta of country) // mnw	Whet tast confirmed diagnosis? at the Was there an autopsy?
15. MAIDEN NAME my stransburgh;	23. If death was due to axternal causas (VIDL ENCE) INL in also tha following:
15. MAIDEN NAME many stransburgh,	Accidant, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county end State)
17. INFORMANT Harvey C. Mylli (Address) World Minister B & H.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Luthern Cliniting abloom	Manner of injury
Placa Date Jun 8, 1	926 Nature of injury
19. UNDERTAKER William G. Flises (Addrass) Hanney La	24. Was disease or injury in any way ralated to occupation of decaesad?
20. FILED Lea. 31, 1935, Calvin Banker	(Signer) LIWIS LEGEL M. D.
	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis JAN 2000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

M

ż

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

17. INFORMANT . M. S ....

(Addrass)

OCCUPA-

1	I. PLACE (		OF	MAR	YLAND-	CERTIFICATE	OF DEA	TH 1	405	
	County	Car	roll			0,00	Registration	Dist. No.	6	
		city near W				No.		St.		
					(1	f death occurred in a horpital or institutionds. How long in U.S.If				
							or rotoign bittin:		11102	
		nce: No.near W				St., Ward.	If nonresideu	give cily or town a	nd State	
DOTE:		NAL AND STATIS						OF DEATH		
	sex (ale	4. COLOR OR RACE White	01		RIED, WIDOWED, D (write tha word) ed	21. DATE OF DEATH	Dec.	21, (Day)	, 1933	
	HUSBAND of (or) WIFE of	Daisy Ne	WCO	T 110	5	1 HEREB  NECESSARY 14  I last saw h LLLL alive on	Y CERTIF	Y. That I attande	d decease	
		aars Months	173-	Days	If LESS than	to have occurred on the data stat			r , dadin	
1	60	10		26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance				
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc									Date o	
CUP	SAW M	as done, as SILK MILL, ILL, BANK, etc				(Irebial)	Here	thook	12/	
OC	this occ	sad last worked at upation (month and		spe	lma (years) ntin this upation:			70	7	
12. BIRTHPLACE (city or town) Carroll Co. (Stata or country) Md						Dither Contributory Causes of Imp	portance:	merced -		
E S	13. NAME	Bendigo N	ewcc	mer		V				
13. NAME Bendigo Newcomer  14. BIRTHPLACE (city or town) Carroll Co.  (State or country) Md.				Name of oparetion	dal	Date of	n outonou?			
ER	15. MAIDEN N	AME Margare				23. If daath was dua to external ca				
16. BIRTHPLACE (city or town) Carroll Co.				Accident, suicide, or homicide?			-			

(Specify city or town, county and State)

Specify whather Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.

hat I attanded deggased from

عر daath Is sald

Date of onset

Manner of Injury Place Uniontown Conty Date Dec Nature of injury 24. Was disease or injury 19. UNDERTAKER (Address) (Signed) 20. FILED \_\_ Registrar. (Address)

Laisy Lewcomer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAN 6 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage July		Peritonitis	3 days ago
3- 1 p- 2 A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			~

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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17. INFORMANT

19. UNDERTAKER (Address)

(Address) 18\_BURIAL, CREMATION.

very OF

ri NOIT CAUSE

ath occurred in a hospital or insti			
ds. How long in U.S. if	of foreign birth?	yrsn	mosds.
lsou			
_St.,Ward.			
		nt give city or town an	d State
		E OF DEATH	
1. DATE OF DEATH	auch	75	4
	(Month)	(Day)	(Year)
2. A IHEREB	VCERTII	Thetal ettende	
Besuty 2)	Y CERTIF	The Deci	d deceased from
I last saw h   alive on	Dec 25 14	f3) 19	1982
to have occurred on the date sta	100	30 Pm	; death is said
The PRINCIPAL CAUSE OF DE	,		
were as follows:	,	A	Date of onset
a. T. Wal	1) has	lis precure	- +
war vue		no processo	भव । नम्यहा
Iremany Cause:		4.40	
1. 41. 000		tra-enteristis.	
ateve type. follow	Ady in The	lues hours	Ly-
Other Contributory Causes of im	portance: Trons	cho-pneumones	a Censor
		D-to at	
Name of operation			51
What test confirmed diagnosis?			
3. If death was due to external c			9
Accident, suicide, or homicide?_		_ Date of injury	, 19
Where did injury occur?	(Specify city	or town, county and Sta	ale)
Specify whether injury occurred	in INDUSTRY, in H	IOME, or in PUBLIC P	LACE.
Manner of injury			
Nature of injury			
4. Was disease or injury in any	way related to occu	upation of deceased?	no
If so, specify	1		
(Signed)	Lawring	f vad	M. D.
(Acdress)	ykesvu	6 . 17/4.	
NY OL 1 C. D. 11	D 671 C N	,	

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Exa	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CALL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU	8. 4			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

## STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Jo Exact statement EXACTLY. properly classified. See instructions on back of certificate. stated AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	_	INIL C	A MIVIL	ILAND	CLIVIII ICAIL OF DLAIN	100
1	. PLACE OF DEA	ТН			92.0)	
	County Car	roll			Registration Dist. No.	
	Village Zame N.C.	ar. Gam	ber	R.F.D. V	Vestminster, Md.	147 3
				(1)	that assumed in a hamital as institution in it MANE:	ward
	Length of residance in o				dean occurred in a hopker of institution, give its IVAIVIE, instead of street and in the control of the control	sds.
2	. FULL NAME	Henry M	.Nickol	es,		
	(a) Residence: No.	near	Gamber (Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AN	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3		OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH  December, 15,  (Month) (Day)	193 5
ia	Male If married, widowed, or div	White	Mar	ried	(Month) (Day)	(Year)
, d .	HUSBAND of	Emma	T.Nicko	les,	22. Nov. 22 1935 to See 15	daceased from
5. ]	DATE OF BIRTH (month, da	av. and vear) 18	370-7-25		Hast saw hour alive on OEC 157 1935	death is said
_	AGE Years	Months	Days	If LESS than	to have occurred on tha data steted abova, 9:35p.m.	,
	65	4	20	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
	8. Trade, profassion, or p	particular			wala as fullows.	Dete of onset
2		, as SPINNER, EPER, etc.	lachinis	t		
2	9. Industry or business i work was dona, as SAW MILL, BANK,	n which I	hresher	man.	Low llove Thrombrais	11/22
ָ נ	SAW MILL, BANK, 10. Date dacaased last wo		I II Total t	ima (years)		1 1
0	this occupation (mo	onth end	spe	nt in this upation		
	Here the Lands	Carro	ll Co.		Othar Contributory Causes of Importence:	04
12.	(State or country)	Maryl			(X) William Receipt	
-		ert Nick	oles		PP. Mariae . Tayran	
5					tous	1100
5	14. BIRTHPLACE (city or t (State or country)	own)Ger	many		Neme of operation Date of	
4	15. MAIDEN NAME	Unknow			What test confirmed diagnosis? Was there an ac	
			11		23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:	
	16. BIRTHPLACE (city or t (State or country)	own)			Accidant, suicide, or homicide? Date of injury Where did injury occur?	, 19
	Mrs F	in m emm	10120700		(Specify city or town, county and State	)
1.	(Addiess) F.D.	Westmin	ster Md	.,	Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	UE.
8.	BURIAL, CREMATION, OR	REMOVAL			Mannar of Injury	
	Mt.Pleas	antCemt	J.Date Dec	18, n. 135.	Nature of injury	
0		6.m.2	latt.		24. Was disease or injury In any May related to occupation of daceased?	100 -
J.	(Address)	Winfield	d Md		y so, spacify	
0.0	12/17	10. 75 1-4	Elien	odwo	(Signad) Phulhu Jan	M. D.
U.	FILED.	19.0	7	Registrar.	(Addrass) (ASAL) The	of

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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\$657			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year
Un.			
(4)			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. Ä

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14061
1. PLACE OF DEATH	93-6
County Carrel.	Registration Dist. No. 70
Village or City Skyrvele	No. St, / Ward
V Company of the comp	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
VI) X (0001	
2. FULL NAME John David Office	D#
(a) Residence: No. (Unalplace of abode)	- \$6,45   Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ungre . Oller	22. I HEREBY CERTIFY, That I attended deceased from
m 115/186/	Hast saw h alive on our arry do / death le said
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than	to have occurred on the date stated above, at
44 9 1 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worke at this securation (month and).	Chome and castelo 2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	U
this occupation (month and spant in this year)	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)  (State or country)	ac to distation of
13. NAME Dawn 7 Olcles	To a cont
14. BIRTHPLACE (city or town)	Name of operation
4. BIRTHPLACE (city or town)  (Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hermetta Stremaker	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Herrietta foremaker  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Designar Fred	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place/ Eyprille, Mr. Date Jaw 2, 1936	Neture of injury
19. UNDERTAKER CO TUSALYSON	24. Was disease or injury In any way related to occupation of deceased?
(Address) aneitour nel.	If so, specify
20. FILED Sec. 31, 1935 Mrs. Ohea L. Delles	(Signed) The agroy weller M.D.
Registrar.	(Address) Wellow Miles

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The principal cause of importance were as	f death and related causes; follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	and the second second	i i			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

TION is very important.

B.—WRITE

14063

1. PLACE OF DEATH	(20)
County Carroll.	Registration Dist. No.
Village or City Davel and  Length of residence in city of town where death occurred Lifes	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Samuel & Phil	lifus If U. S. Veteran, specify WAR
(a) Residence: No. Oarcland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the way)	prd)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelies V. Phillip  6. DATE OF BIRTH (month, day, and year) Leb. 8 1853	I HEREBY CERTIFY. That I attended deceased from 1932, to See 1933; death is said
7. AGE Years Months Days If LESS 1 day,	than to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAWYER, BOOKKEEPER, etc.  9 Industry or business In which work was done, as SILK MILL To blee MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Ceretral Remonstage 2007 2,
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	Other Contributory Course of Importance:  **The Shrift's Chronic Descrition:  **The Shrift's Chronic Descrition:  **Name of operation Date of
15. MAIDEN NAME ) Cartha Carson  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Afflica V. Phillips  (Address) Sequently Med.	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19
18. BURIAL, CREMATION, OR REMOVAL  Place  Date  19. UNDERT AKER  (Address)  20. FILED  19. J. 3. C.	Manner of Injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signey A. M. D.
Registr	rar. (Address) Candalls mm mg

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cause of death and related causes e were as follows:  psy 1 week ago eet car 1 week ogo 3 days ago
eet car 1 week ogo
1 40000 0110
3 days ago
utory causes of importance:
)

14063

1. PLACE OF DEATH		92-00	
County Carryll	••••	Registration Dist. No.	
Village or City Sykesou	le	No presigned state Dankel	Ward
Length of residence in-city or town where death		death-occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Churis	Pialelas		
(a) Residence: No.	e v jacob en	St., Ward. Sykesville Man	y Jun
PERSONAL AND STATISTICA	(Usual place of abode)  L PARTICULARS	If nonresident give city or fown and Stand	,
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED,	21. DATE QF DEATH	
female white	OR DIVORCED (write the word)	Theceuler Go , 19:	(Year)
5e. If married, widowed, or divorced HUSBAND of	0.	, 10000	
(or) WIFE of parles	ichler	22. I HEREBY CERTIFY, The lettended dece Securifica 5 193/ to Securifica 35	ased from
6. DATE OF BIRTH (month, day, end yeer)	F 1860	I last saw h Lk alive on D Recenter 30, 1935; de	eth is seid
7. AGE Years Months	Deys   If LESS then	to heve occurred on the date stated ebove, at Z. Jo.P.m.	
75 2	2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	
8. Trade, profession, or perticular		- 00	ta of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	uou -	Jarous udocardeles /	931
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked et this occupation (month end	11. Total time (years) spant in this		
12. BIRTHPLACE (city or town)	Success	Other Contributory Causes of importance:	
(State or country) Mars	Kased	Celucos cler asco	193
13. NAME John W.	arbae		
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	Carryo Carrely	Neme of operation Date of	
(State of country)	ryland.	Whet test confirmed diagnosis? Was there en eutop	sy? WO
15. MAIDEN NAME Quite C. 16. BIRTHPLACE (city or town)	He mulle	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)  (Stete or country)	llucare	Accident, suicide, or homicide? Dete of Injury	, 19
(Stelle of County)	Maria	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT AND	ucaldo uld	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury	
Plece Freenmount D	ete fun, 2 , 1936	Nature of injury	
19. UNDERTAKER WM COO	K	24. Wes diseese or Injury in eny way related to occupation of deceased?	
(Address) Ballimore	- Mdy	If so, specify	
20. FILED Del. 31, 1935 and	any New	(Signed) Saudy III Cas	gM. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

stated EXACTLY.

properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

AGE should be

mation should be carefully supplied.

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

cipal cause of death and related causes Date of onset ance were as follows:
pilepsy 1 week ago
y street car 1 week ago
3 days ago
tributory causes of importance:
ritis 1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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20. FILED 12

35. 19

OCa

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium

Colored Branch

If LESS than

I day, ....h

or .... min.

Registration Dist. No. 74

	Nn (above)	Ware
	death occurred in a hospital or institution, give its NAME instead of street and no	
nos	ds. How long in U.S. if of foreign birth? yrs. mos	d
е	WAR SERVICE //	ne
0.	, sAld . Ward.	
0	If nonresident give city or town and S	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH December 1, 193	6
	December 1, 193, (Month) (Day)	√93 (Year)
	22. I HEREBY CERTIFY. That I attended do Oct., 16, 1935, 19 to Dec., 1, 1 last saw h 1m alive on Dec., 1, 1935, 19	935
rs.	to have occurred on the date stated above, at 7.30 mA.M.	
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
	Pulmonary Tuberculosis	
		Sept 1935
0	vn	
	Other Contributory Causes of importance:	
	No. of a continu	
	Name of operation Date of	No
	What test confirmed diagnosis? Was there an au	
-	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?	
	Where did injury occur?	, 17
	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	Manner of injury	
5	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	Vo

(Address Henryton, Maryland If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1020	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 2 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
		The Children of the Children o		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING

MARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RD. Every item of infor--WRITE PLAKELY, WITH UNFADING LINE IN THE STATE EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED B.—WRITE PLA

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No.	
8/2	
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1. PLACE OF DEATH County Village or City. Village or City	STATE OF MARYLAND—	CERTIFICATE OF DEATH 14066
Village or City	1. PLACE OF DEATH	97)
Langth of residence in citz or from where death occurred at the court of a hospite of innitionion, give its NAME_instead of street and number)  2. FULL NAME.  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Res	County and Co	Registration Dist. No.
Langth of residence in city or from where death occurred 20 yrs mos ds. How Jong in U. S. if of foreign birth? yrs mos ds.  2. FULL NAME	Village or City Amon Budge.	No. St., Ward
2. FULL NAME.  (a) Residence: No.  (Dusulphee of shock)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  (a. COLOR OR RACE  S. SINCE, MARRIED, WIDOWED, OR DIVORCED (with the word)  S. II married, widowed, or glycored  (Year)  F. DATE OF BIRTH (month), day, and year)  AGE  (Pears Months Days II LESS then of control or particular sided of word, done, as SPINKER, Months, Or., min.  8. Trade, profession, or particular sided worked at months, BOWNET, Exp.  S. SINKER, BOWNET, Exp.  S. Will, BARK, etc.  11. Total time (years)  Soperation into his correspondent  (Siles or country)  T. ARDE (city or town).  SIRTHPLACE (ci	Langth of residence In city or town where death occurred 30 yrs	
(a) Residence: No. (Usualpiace of shode)  PERSONAL AND STATISTICAL PARTICULARS  1. SIX  1. COLOR OR RACE  THE PRINCIPAL COLOR OF RACE  S. SINCE, MARRIER, WIDOWED, OR DIVORCED (write the word) (Worth)  OR DIVORCED (write the word) (Worth)  Sa. II married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) vitile of Lowers  S. Li married, widowed, or divorced (cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Cry) (Nomit)  S. Li married, widowed, or divorced (cry) (Nomit)  S. Li married, widowed, or	1 94	+ Weese
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  DEMAND  S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (A) WILL S. S. S. SINGE, S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (B) JUBBLY C. S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (Case of country)  MARRIED, WIDOWED, OR S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (B) J. S. SINGE, S. S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*unit the word)  (Case of country)  MARRIED, WIDOWED, OR S. S. SINGE, MARRIED, WIDOWED, OR S. S. S. SINGE, MARRIED, WIDOWED, OR S. S. S. SINGE, MARRIED, WIDOWED, OR S. S. SINGE, MARRIED, WIDOWED, OR S. S.		St Ward
3. SEX  J. COLOR OR RACE OR DIVORCED Currie the word)  So. II married, widowed, or divorced (CO) Wife of Lower Solution (CO) Wife of Lower Sol		
Sa. If married, with one of divorced HUSAND (North) (Day)  52. If HEREBY CERTIFY, That I attended decessed from the state of the state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSBAND of (cr) vite of Country of Control of Contr		12 8 193.5
6. DATE OF BIRTH (month), day, and year)  7. AGE  Years  Months  Days  If LESS then Iday.  It last saw h alive on / 2	5a. If married, widowed, or divorced	(337)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then  J day, hrs  or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BONKEPER, etc.  SAWER, BONKEPER, etc.  10. Judystry or business in which work was done, as SSILK MILL, SAW MILL, BARK, atc.  10. Total decessed lest worked at this occupation (month and years) spent in this  Clate or country)  Carabillor  12. BIRTHPLACE (city or town)  (State or country)  Manual  13. NAME  France  France  14. BIRTHPLACE (city of town)  (State or country)  Manual  15. BIRTHPLACE (city of town)  (State or country)  Manual  16. BIRTHPLACE (city of town)  (State or country)  Manual  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Pl	(or) WIFE of Lewis of Masse	3
7. AGE Years Months Days If LESS then I day	6 DATE OF RIDTH (month) day and year) 99 Day 1850	
2. It stade, profession, or particular land of work done, as SPINNER, SAWER, BOKKEPER, etc.  SAWER, BOKKEP, BOKKER, SAWER, BOKKEPER, etc.  SAWER, BOKKEP, BOKKEP, etc.  SAWER, BO	The state of the s	230
8. Trads, profession, or particular  8. Trads, profession, or particular  8. SAWYER, BOOKKEPER, etc.  9. Judicular Journal  19. SAWYER, BOOKKEPER, etc.  19. Judicular Journal  10. Date deceased lest worked at this occupation (month and year)  10. Date deceased lest worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city of town).  14. BIRTHPLACE (city of town).  15. MAIDEN NAME  16. BIRTHPLACE (city of town).  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place.  19. UNDERT AKER  (Address)  M. D.  Registran.	1-6	were as follows:
12. BIRTHPLACE (city or town). Lucion of Other Contributory Causes of Importance:  13. NAME  14. BIRTHPLACE (city or town). Lucion of Other Contributory  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Contributory  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER Causes of Importance:  Other Contributory Causes of Importance:  Name of operation. Dete of.  What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Date of Injury , 19.  Whare did injury occur?  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER Causes of Importance:  Other Contributory Causes of Importance:  Name of operation.  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of Injury , 19.  Whare did injury occurr?  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  In June of Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  Rigitara.  (Address)  M. D.	9 Trade profession or particular	Date of enset
12. BIRTHPLACE (city or town). Lucion of Other Contributory Causes of Importance:  13. NAME  14. BIRTHPLACE (city or town). Lucion of Other Contributory  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Contributory  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER Causes of Importance:  Other Contributory Causes of Importance:  Name of operation. Dete of.  What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Date of Injury , 19.  Whare did injury occur?  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER Causes of Importance:  Other Contributory Causes of Importance:  Name of operation.  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of Injury , 19.  Whare did injury occurr?  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  In June of Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  Rigitara.  (Address)  M. D.	SAWYER, BOOKKEEPER, etc. / ause work	Julius Schrosio
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12. BIRTHPLACE (city or town). Lucion of Other Contributory Causes of Importance:  13. NAME  14. BIRTHPLACE (city or town). Lucion of Other Contributory  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Contributory  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER Causes of Importance:  Other Contributory Causes of Importance:  Name of operation. Dete of.  What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Date of Injury , 19.  Whare did injury occur?  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER Causes of Importance:  Other Contributory Causes of Importance:  Name of operation.  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of Injury , 19.  Whare did injury occurr?  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  In June of Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  Rigitara.  (Address)  M. D.	O TO. Date deceased lest worked at 11. Total tima (years)	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city of town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  21. BIRTHPLACE (city or town) (State or country)  19. UNDERTAKER (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  20. FILED  21. BIRTHPLACE (city or town) (State or country)  19. UNDERTAKER (Address)  10. BIRTHPLACE (city or town) (State or country)  10. What test confirmed diagnosis?  11. Was due to axtarnal causes (VIOL ENCE) fill in also tha following:  12. Accident, suicide, or homicide?  13. In death was due to axtarnal causes (VIOL ENCE) fill in also tha following:  14. Capture  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  18. BURIAL (Address)  18. BURIAL (Address)  19. UNDERTAKER (Addres		
(State or country)    13. NAME	13 DIDTIDI ACC (since how) Philomontown and	Other Contributory Causes of Importanca:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  21. INFORMANT (Address)  22. If death was due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide? Date of Injury What did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury Nature of Injury  19. UNDERTAKER  (Address)  16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  16. Signed  (Signed)  (Signed)  M. D.  (Address)  Masther an autopsy?  20. FILED  (Address)  Masther an autopsy?  21. Was there an autopsy?  22. Was disease or Injury In any way related to occupation of deceased?  (Signed)  M. D.  (Address)  M. D.		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  21. INFORMANT (Address)  22. If death was due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide? Date of Injury What did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury Nature of Injury  19. UNDERTAKER  (Address)  16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  16. Signed  (Signed)  (Signed)  M. D.  (Address)  Masther an autopsy?  20. FILED  (Address)  Masther an autopsy?  21. Was there an autopsy?  22. Was disease or Injury In any way related to occupation of deceased?  (Signed)  M. D.  (Address)  M. D.	13. NAME EKERSING Proces	
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15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  23. If death was due to axtarnal causes (VIOLENCE) fill In also tha following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Wes disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D.  Régistrat.  (Address)	(State or country)	
Whate did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place of Creek Control of the Dec 10, 19 B.5.  19. UNDERTAKER Commond R Ought  (Address)  24. Wes disease or Injury In any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  24. Wes disease or Injury In any way related to occupation of deceased?  (If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  (Address)  Mature of Injury  (Address)  (Signed)  (Signed)  (Address)  M. D.  (Address)	15. MAIDEN NAME Plen Frinnel	
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(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place of Cresc Control of the Old 10, 19 B.5.  19. UNDERTAKER Commond R Ought  (Address)  (Address)  24. Wes disease or Injury In any way related to occupation of deceased?  (Address)  (Signed)  (Signed)  Manner of injury  (Signed)  (Address)  Manner of injury  (Address)	(State or country) Curvoll Co. Tisk	Whare did injury occur?
18. BURIAL, CREMATION, OR REMOVAL  Place The Creek Condition of the Dec 10., 19 B.S.  19. UNDERTAKER Taymond & Ought (Address)  (Address)  20. FILED See 8, 19 See 3 Refs.  (Signed)  (Address)		(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Credit Committee Dec. 10., 19 B.s. Nature of Injury  19. UNDERTAKER Registration of Committee Dec. 10., 19 B.s. Nature of Injury In any way related to occupation of deceased?  (Address) Christian Budge That If so, specify  20. FILED See 8 , 19 3		Manner of injury
19. UNDERTAKER Jaymond R Oright (Address)  24. Wes disease or Injury In any way related to occupation of deceased?  If so, specify (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Place I fl Creak (Emboste Dec 10, 1985	
20. FILED Dec 8, 1935 Local Reference (Signed) 1. Margar M. D. Régistrat. (Address) Musion Margar Ma		
Veces-01/2	20. FILED See 8 1935 Jack 3 Replan	(Signed) M. D.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis &	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes or importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 14067
1. PLACE OF DEATH	(07-a)
County Carroll:	Registration Dist. No.
Village or City Klw Wrussor	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred fyrs. mos.  2. FULL NAME AND ONE OF THE OCCUPRED TO SELECTION OCCUPRED TO	
(a) Residence: No. Cast Manne In	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 14. COLOR OR MARE 15. SINGLE, MARRIED, WIDOWED.	
Male While Marris (write the word)	21. DATE OF DEATH (Nonth) (Dey) (Yeer)
5e. If merried, widowed, pr. divorced HUSBAND of Maygouret & Currens (ar) Wife of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Aug 6 1867	l lest saw here alive on Plant 4 2, 1935; death is seld
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the dete steted above, et. 2 Am.  The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:  Date of onset
8. Trede, profession, or perticular kind of work done as SPINNER	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	e Simple Doile 1910
9 Sadustry or business in which work wes done, as SILK MILL,	15 roughting 11-8-36
SAW MILL, BANK, etc	Broncho - Theumoma 12-1-35
12. BIRTHPLACE (city or town) Leyerle MA	Other Contributory Causes of importence:
13. NAME Obias Reid	
14. BIRTHPLACE (city or town) Reysly (State or country)	Name of operation Date of
15. MAIDEN NAME Mary Prelia	Whet test confirmed diegnosis? Wes there an eulopsy?@Q
	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Margaret Kein	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Mu) umdsbrilled  18. BURIAL CREMATION, OR REMOVAL	Manage 1 at 1 a
Place - porry out on Day The 7, 1935	Menner of injury
19. UNDERTAKER & Hangler & Source (Address)	24. Wes diseese or injury in eny wey releted to occupation of deceased?
20. FILED Lew 5 , 19 Errew & Bernelist.	(Signed) M. D.  (Address) M. D.
Registrar.  If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of emilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		250.38.350		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE O	F DEATI	Н			(92-P) (X 4
	County	Ca	rroll			Registration Dist. No.
	- Village or (	citynear	Sykes	ville,		No. St. Ward
	Length of res	idence In city	or town where d	eath occurred7	9_yrsmos	(If death occurred in a hospital or institution, give its NAME instead of street and number)  los. ds. How long In U.S. if of foreign birth?yrsmosds.
2	. FULL NA	ME	Samue	G.Ridg	ely,	
	(a) Resider	nce: <b>No.</b>	x	ear, Syk	esville,	, MdSt., Ward.  If nonresident give city or town and State
2000000	PERSON	AL AND	STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male	4. COLOR	or RACE		RIED, WIDOWED, (write the word) Pied	21. DATE OF DEATH December, 14, 193 5.  (Month) (Day) (Year)
5a.	If married, widov HUSBAND of (or) WIFE 01.	ved, or divorce M a	ary Ann	n Ridgel	.y	22. I HEREBY CERTIFY, That I attended deceased from 1935 to Doc 14 1935
6.	DATE OF BIRTH	(month day a	and year) 185	56-3-6.		I last saw h Sa alive on Hee 1 4 , 1935; death is said
		ars	Months	Days	If LESS than	to have occurred on the date stated above, 6: 50p. m.
	7	9	9	8	1 day,hrs.	THE TRINCIPAL CAUSE OF DEATH SIII TEISTED CAUSES OF IMPORTANCE
TION	Trade, profe kind of SAWYER	ssion, or parti work done, as , BOOKKEEPE	SPINNER, R, etc	Farmer		Bronchopne u monia Date of onset
OCCUPATION	9. Industry or work wa SAW MII 10. Date deceas this occurrence year)	ed last worke pation (month		11. Total tii spen	ne (years) 9	
12.	BIRTHPLACE (ci			oll Co.		Other Contributory Causes of importance:  Cerebral accedent at hamifagin 12-11  Cerebral thrombonis
ER	13. NAME	W		R.Ridge	ly.	- CETILITION - UNIOTING ONLY
FATHER	14. BIRTHPLACI	E (city or town r country)	1/	vard Co. ryland.		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NA	ME MU	Chaunk	nown Hr	anden	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER		country)	DO DO	rard c	s nd u	Accident, suicide, or homicide?
17.	INFORMANT	Mrs. N		Ridgeld ille Md	kisntle md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	TION, OR REN	MOVAL		17, ,1935.	Manner of injury
19.	UNDERTAKER (Address)	6	つか、か、Winfie	ld la.	4	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED D.C.C.	16, 19,	35 Juli	a MA	ewitt Registrar.	(Signed) surge flow M.D.  (Address) Sylverville Wel
			If more l	blanks are needed, ac	dress State Registrar,	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Run over by street car 1 week ago Chronic interstitial nephrilis 1921 Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLACE AND ANTH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. B.-WRITE PL

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14069
1. PLACE OF DEATH	(1200)
County County County County	Registration Dist. No.
Village or City/ Palmuts	No. Home for aged st., Ward
(If Length of residence in city or town where death occurred 3 yes	death occurred in a horpital or invitation, give if NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
2 FILL NAME agnes Reese Ruar	4
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SIX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 30 1935 (Month) (Day) (Year)
5a. Married, widowed, or divorced HUSBAND of (or) WIFE of Thomas & Ruary	22. / HEREBY CERTIFY That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Felo 1863	I last sew h le elive on Allo, 29, 1935; deeth is said
7. AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated above, at 6304m.
72 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	Mesenter & roman 1920
work was done, as SILK MILL, SAW MILL, BANK, etc	130
10. Date deceased last worked et this occupation (month end spent in this	several musiums 1727/3
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Cause of mesenterial thrombosis's unt
(State or country)	known of but it was not due to cancers.
13. NAME Thelefo J. young	Cuy B.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis Westhere an au'opsy? No
15. MAIDEN NAME Jarah Killer	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Jarah Kristler  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Mus Schendesly (Address) History The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Jan 17936	Manner of injury
19. UNDERTAKER F.B. Wiffert Voor	24. Was disease or Injury In any wey related to occupation of deceased? 720
20. FILED / 20, 1924 Lylver Dress	(Signed) Medical M.D.  (Address) Medical Management
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 3 1936	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

M

MARGIN RESERVED FOR BINDIN

S. No. 1

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Example I		Example II		
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
	36 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- I mean !	7, 8.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Length of residence In city or town whera death occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Marina 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months If LESS than Davs 1 day, \_\_\_\_\_ hrs. or .... min. 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.....

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

(Stata or country)

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

13. NAME

FATHER

MOTHER

this occupation (month and

No.	ains in NIABAT	St.,	Ward
eath occurred in a hospital or institution ds. How long in U.S. if of f			
A A	orangii Dirtin:		sus.
St., Ward.			
	If nonresident g	ive city or lown and	State
MEDICAL CE	RTIFICATE	OF DEATH	
21. DATE OF DEATH		T	
~	tec	sh	1935
	(Month)	(Day)	(Yaar)
22_ IHEREARY	CERIKEY	That I attanded	deceased from
noo 20th 1	35 , to D	ec 5th	1.30
I last saw h			; death is said
			, death is said
to have occurred on the data stated a			
ware as follows:	anu raiatau causa:	s of importance	Date of onset
		, 	
Muyoca	arolela	C; Chronic	/
Duration not	stated a	24.00	
0		CO.	
Other Contributes Contributes			
Other Contributory Causes of importa	Inge:	,	
Heart	book	9	-11/20/2
15		1540-	
		o gratia	
Name of operation		Dete of	
What tast confirmed diagnosis?		Was there an a	utopsy?
23. If death was due to external cause	s (VIOLENCE) fill	in also the following	:
Accidant, suicide, or homicida?	D	ata of injury	, 19
Where did injury occur?			
Spacify whather injury occurred In I	(Specify city or to	own, county and State	e)
opacity whether many occurred in t	Moosiki, iii noii	ne, or mit obelo ter	ICL.
Manager of Selven			
Menner of injury			
Nature of injury			
24. Wes disease or injury in any way	ralatad to oceupat	tion of decaasad?	
If so, specify	21 //	10-11	
(Signad)	1 Sall	W	M. D.
(Address)	esterito	ron 44	

Registration Dist. No.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(If c

11. Total tima (yaars)

occupation.

spant in this

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

		SIAIL	IF MAR	I LAND	CERTIFICATE OF DEATH	11070
1. PLACE OF DEATH					(93-C)	2016
County Carroll					Registration Dist. No.	ef
	Village or Ci	ty Sykesvill	.e		No. Springfield State Hospita	Ward
		dence in city or town where d		vrs 10 mos	f death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs	number)
	2 FILL MAI	ME Julius S	chreine			100
					altimore walkaryland.	
	(a) Residence	ce: No. 2000 Ga	(Usual place		If nonresident give city or town an	d State
		AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH 23, 1935.	
_			Marrie	D (write the word)	(Month) (Day)	, 193(Year)
5a	. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced  Louise Gei	sse		Feb. 21st, 19 35 to December 2	deceased from
-						3, 19 35
		month, day, and year) $1/9$	/1856		l last saw him alive on Dec. 23rd 19 3	5, death is said
7.	AGE Year 79		Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 7:55 a.m.	
		111	14	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	kind of w	sion, or particular ork done, as SPINNER,	lechani d		Arteriosclerosis P	nior to
Ĕ	3. Industry or b	BUUNNEEPER, etc				
UP.	work was	done, as SILK MILL, Un	known		1	935.
OCCUPATION	10. Date decease	d last worked at eation (month and	spa	ime (years) nt in this upation [[nkno		300
	1,001)	Table	1	upation_Unkno!	Other Contributory Causes of importance:	
12	. BIRTHPLACE (city	y or town) Unkno try) Germany	)WI			
<u>~</u>		gust Schrei	non		Chronic Myocarditis P	rior to
FATHER		F7 3			None	db.,
FA	14. BIRTHPLACE (State or		JÀ JOMII		Name of operation and Lab ale of the order o	ings No
ER	15. MAIDEN NAM	ME Minnie Bec	ker		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTH	16. BIRTHPLACE	(city or town) Unkno	own		Accident, suicide, or homicide? Date of Injury	-
Σ		country) Germany	r		Where did injury occur?	
17. INFORMANT Springfield State Hospital (records)			tate Ho	spital	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	lte) LACE.
18. BURIAL, CREMATION, OR REMOVAL			, Maryla	nd.	Manner of injury	
Notalkarre Cene. Date Der 26 19.35			Date Se	126,1935	Nature of injury	
19	. UNDERTAKER 2	Battine	Cook us	ld.	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED Sur 3, 1935 Cortany New Registrar.				Heaver Registrar.	(Signed) Chart, Achine	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimorf, Requesting V. S. No. 1.

S.S. Hoop.

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Csor	- C	<del>2</del> 7 7	
Other contributory causes of importance:	- 330	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	4 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA-	1. PLACE OF DEATH	(31)
15	W 5	County Carroll	Registration Dist. No.
U	should of OCC	Village or City ha Westminster	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Tr.		death occurred the hospital of mandada, give his training mixed of steel and number)  3. ds. How long in U.S. if of foreign birth?
	PHYSICIANS oct statement	2. FULL NAME Lydia & flow Shay	Her
	RD. YSIG stat	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PH ct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
•	r. Exa	3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Own down	21. DATE OF DEATH  (Month) (Oay) (Year)
BINDING	RMANENT X A C T L ' classified.	5a. If married, widowed, of divorced HUSBAND of (or) WIFE of Shaller	22. I HERUBY CERTIFY. That I attended deceased from
N	X A X Slas		0 Ec / 2 1931 to NEC 3 1931
BI		6. DATE OF BIRTH (month, day, and year) July 12-18>9	I last saw h alive on 3000 ; death is said
2	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
FOR	IS star	δ /   <b>p</b>   ≺ 3   ormin.	were as follows:
_	HIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BUOKKEPER, etc.	
E	FAGI	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupation (month and	Opite Cookens Hunor hoer 12/1/31
R	VK.T. should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	70. 74.33
SE		11. Total time (yeers) this occupation (month and spant in this	
RESERVED		year) occupation	Other Contributory Causes of importance:
	NFADING pplied. AGI srms, so tha instructions	12. BIRTHPLACE (city or town)	$a_1 = 0$
MARGIN	AI.	(State or country)	YM. Ulital Pegungulation -
R	NF ppli ppli erm ins	# 13. NAME George W. Cirbaugh	XII. Entrolled alfebraics.
M	sul sul in ta	4. BIRTHPLACE (city or town)	Name of operation Date of
	Il also	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	WITT efully in pla ant.	# 15. MAIOEN NAME Ducretice Furfle	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	car CH orts	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
-	AINLY, WI d be carefu DEATH in p	(State or country)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
1)	PPA	17. INFORMAN Mary C. Harristo and R. J. (Address) Outsmiths ond R. J.	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
	Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL Place Willer Com. Date 28.8 1935	Manner of injury
	On ISE	Place Kriders Com. Date DEK. 8 , 1933.	Nature of injury
-	-WRITE mation s CAUSE TION is	19, UNDERTAKER & Hankard Joen	24. Was disease or injury in any wey related to occupation of deceased?
No.		(Address) Wystminster mo.	If so, specify
D)	E B	20, FILED /2/6 1976 X/Uluoodwa	(Signed) & W. W. D.
>	z (1)	Registrar.	(Address) 21thurstu Was Jane
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	iter	sh
	Every	CIANS
•	MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every iter	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh
1	T R	Z.
MARGIN RESERVED FOR BINDING	NEN	ted EXACTLY
	MA	K A
BII	PER	田
)R	V	ted
F	IS	sta
ED C	HIS	pe
R.V.	L	plne
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KGI	FAI	lied.
IAF	Z	[ddn
2	LH	S A
•	WI	efull
	X,	car
	Z	pe

V. S. No. 1

ould state OCCUPAof Exact statement be properly classified. of certificate. CAUSE OF DEATH in plain terms, so that it may See instructions on back TION is very important. mation should -WRITE N. B.

	STATE O	F MARYLAND—	CERTIFICATE OF DEATH	4074
1	. PLACE OF DEATH		924	300
	County Carrell		Registration Dist. No. 7 4	4
	Village or City & Kerse	11,	No Skinstell State Bass	6. Wark
		/ <del>/</del> (If	death occurred in a horpital of institution, give its NAME instead of street and n	
	Length of residence in city of town where dea	ath occurredyrsmos	How long M U.S. if of foreign birth?yrsmo	sds.
2	FULL NAME alkey	we Dung	ce	
	(a) Residence: No. 22 8	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay)	, 193 <u>5</u> (Year)
6. 1	If married, widowed, or divorced HUSBANO of Cory WIFE of Lacros Alculent DATE OF BIRTH (month, day, end year)  AGE Years Months	Oays If LESS than 1 day, hrs.	1930, to Scarley I last saw h At alive on Scarley D, 1935 to have occurred on the date stated above, at 2, 20 Am.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	; death is said
NOI	8. Trede, profession, or particular kind ot work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	udue	aklerioselexasio	Oate ot onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	_	myscerdal Degresserdien	1930
000	10. Date deceesed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) (State or country)	kuray	Other Contributory Causes of Importance:	
2	13. NAME ( Supremen )	Menuer.	- Musse Meer	12-1-23
FATHER	14. BIRTHPLACE (city or town) (State or country)	usuran	Neme of operation	,
		Lucian	What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or town)	e Section	Accident, suicide, or homicide? Oate of Injury	

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER (Address)

Registrar.

24. Was disease or injury in env way related to occupation of

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

If so, specify (Signed) (Address)

Manner of injury

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Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 14075
infor- state UPA-	1. PLACE OF DEATH	97)
occ onld	County (arroll	Registration Dist. No. 7/
item of should of OCC	Village or City Anwood	No. St., War
S	Length of residence in city or town where deeth occurredyrsmgs	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
CORD. Every PHYSICIANS oct statement	2. FULL NAME amelian Specia	man
SIC ate	(a) Residence: No. Outside C	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX	3. SEX (1. COLOR OF RACE)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Aleeuser 2 3 , 193 5 (Month) (Dey) (Year)
A A A SS	58. If married, widowed, or divorced HUSBAND of Gory WIFE of Henry Callonan	22. I HEREBY CERTIFY, Thet I ettended decessed from 1926 to See 23 1935
	6. DATE OF BIRTH (month, day, end year)	Clest sew h er alive on Dec , / 1935; deeth is sei
R F	7. AGE Yeers Months Deys If LESS than	To have occurred on the dete steted ebove, at
FOR BI IS A PE stated E properly certificate	87 9 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
- 70	8. Trade, profession or perticular kind of work done, as SPINNER, House Revenue Sawyer, Bookkerper, etc	By 1 1 2
THU d p d p k o k o	9 Industry or husiness in which	Meneralizes Welesis - Selevan
ERVI VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
70 4	- This seeparton (months and ) Spont in this	
ARGIN RESTANTION OF THE STANTING IN SPILED AGE ETMS, so that instructions of the stantions of the stantions of the stantions of the stanting o	yeer) occupation occupation	Other Coutributory Causes of importence:
IN R DING . AG so th	12. BIRTHPLACE (city or town). (Stete or country)	
MARGIN UNFADI supplied. n terms, so		
D in a	I STATE OF THE STA	Name of operation Dete of
	14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Clusical Suisus Wes there en au'opsy?
nt plant	# 15. MAIOEN NAME AS Sufter	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
INLY, WIT. be carefully EATH in pla	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
INLY, be can gATH mport	(State or countyy)	Where did injury occur? (Specify city or town, county and State)
PLAII should b OF DE:	17. INFORMANT Splitting (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S S S	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Plech Milly Children pare 120 16, 1937	Neture of Injury
S LEOH	19. UNDERTAKER ON HAMILY OF DOMA.  (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
B S	20, FILED Ale 24 1935 Margart R. Englar	(Signed) M.
> Z	Registrar.	(Address) New wor My
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAN 2 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FIRELIVS			
Other contributory causes of importance:	M1 1000	Other contributory causes of importance:  Gastroenteritis	
Guistones	May 1,1923	Gastroenterius	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. County Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city or town where 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 (Month) (Day) (Year) 5a, if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months if LESS than to have occurred on the date stated ebove. et. I day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance \_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ... back Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.\_ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State er country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_, 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION Manner of injury CAUSE mation Nature of injury TION 24 Wes disease or injury in any 19 UNDERTAKER (Address) so, specify 20. FILED ... (Address) Registrar.

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Example 1		S Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilensy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 3 (1)	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(State or country)

MOTHER 15. MAIDEN NAME

(Stete or country

What test confirmed diegnosis?...

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Where did injury occur? ...

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Neture of injury

If so, specify (Signed) (Address)

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	<b>6</b> 01	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A)	ľ
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Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		3
County Carroll		Registration Dist. No. 74
Village or City westruce	ter R	F,No. St., Ward
Length of residence in city or town where death occur		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME May L	ruises As	fern
(a) Residence: No(U <sub>0</sub>	ual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LE, MARRIED, WIDOWED, IVORGED (write the word)	21. DATE OF DEATH  (Month)  (Bay)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, end year) 12 - 3	.1-3)	I last saw h alive on
7. AGE Years Months D	ays If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	u '	prematurity -6/2to mos. 1431/31
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc		CL 10
- I this occupation (month and	l. Total time (yeers) spent in this	Soughorn
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)		
13. NAME Loline a. St	ew	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	d.	Name of operation Date of Was thera an autopsy?
15. MAIDEN NAME Mentle Edu	roudson	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mythe Edu	1	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Start A Start (Address) P. F. D. Wessell	uster Wet.	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAN CREMATION, OF REMOVAL US. Date	Dec 31 1935	Manner of injury
19. UNDERTAKER Lew a Soul (Addrass) Sypcismile	Met.	24. Wes diseasa or injury in any way ralayed to occupation of decaesed?
20. FILED SUN3/ , 1950 Affair	y Heev Registrar.	(Signed) M. D.  (Addrass) A will .
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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	Example I	1	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jedn 4 1926	July 5,1927	Peritonitis	3 days ago
	RUPEAU V. S.			
Other contributory cal	ses of importance:	Tarte de	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Carrolla 1	Registration Dist. No. 8/.
Village or City Junion By a	NoSt., Ward
Length of rasidanca in city or town where death occurredwas.	death occurred in a hospital or institution, give its NAME instead of street and number)  How long In U.S. if of foreign birth?
2. FULL NAME Marting & Strain	share
D	Ct Word
(a) Residence: No. Sladed (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDQWED, OP BIVORCED (write the world)	21. DATE OF DEATH
Trunas vine marrie	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANTON (or) WIFE of	22. / I HEREBY CERTIFY, That I attanded deceased from
(or) mire or form w Maussin	9 New 20- ,1935, 10 Dec 22, 1935
6. DATE OF BIRTH (month, day, and year) May 30 1832	I last saw h & x allve on D 2 2, 19 3 5; death is said
7. AGE Years Months Days If LESS than 1 day. A phrs.	to have occurred on the date stated above, atm.
8 - Or min. /	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	f f
SAWYER, BOOKKEEPER, etc.	Jurieris demirores
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at this occupation (month and	
D ID. Date decaased last worked at this occupation (month and spant in this	
year) /occupation	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Control Contro
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  ASP South	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME HOT KNOWN	23. If daath was due to external causes (VIOLENCE) fill in also the following:
[6. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State of Country)	Where did injury occur?(Specify city or town, county and State)  Spacify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Walkers Brown Brown W.	Spacity whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Property Con Date Jac. 24, 1935	Nature of injury.
DESCRIPT & Sale	24. Was disaase or injury In any way related to occupation of deceased?
19. UNDERTAKER AND	If so, spacify
20. FILED Dec. 24 1935 LEchfran	(Signad) T. J. Legg. M.D.
Experty Registrar.	(Addrass) Muson Busty Will
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Company have a series of the company	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
1.8.	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH plaous Registration Dist. No. Village or City, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foraign birth? 6 Q yrs. mos. PHYSICIANS Length of residence in city or town where death occurred. statement Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) nound (Day) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of BINDIN 0 I HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 区 6. DATE OF BIRTH (month, day, end yaar) certificate. to have occurred on the date stated above, at 7 Days 7. AGE Months II LESS than properl stated The PRINCIPAL CAUSE OF DEATH and releted causes of importance or ..... min. were as follows: Date of onset 8. Trada, profassion, or particular OCCUPATION MARGIN RESERVED kind of work dona, es SPINNER, Jo SAWYER, BOOKKEEPER, atc .... may back 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked at 11. Total time (years) no this occupation (month and spent in this occupation instructions UNFADING Othar Contributory Causes of Importanca 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (Stata or country) Whet test confirmed diagnosis? ..... Was there an autopsy? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Data of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Whera did injury occur?\_\_\_\_ pe (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR Manner of Injury -WRITE CAUSE mation Neture of Injury LION 24. Was disaase or Injury In any wey releted to occupation of daceased?

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To	be	complete.	an	occupation	return	must	state:
10	100	COLLINICAC.	CLII	occupation	ICLUIII	must	State

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
- 1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 - 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE O	F MARYLAND—	CERTIFICATE OF DEATH
County Cassel		94-20 77
Village or City Greenson	met me Hamp	Registration Dist. No.  St., f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	ath occurred 6 8 yrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Joseefch (a) Residence: No. James	Frank Utg	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Int	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yea
5a. If married, widowed, or worded HUSBANO of		
(or) WHEE of Smana V.	uz	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	1.11867	I last saw h alive on
7. AGE Years Months	Oays 7 If LESS than 20 If ay,hrs. ormin.	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	azmer	angina Pectoris Date ele
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
O Sto. date deceased last worked at this occupation (month and 192 year)  12. BIRTHPLACE (city or town) Hamp (State or country)	7 11. Total time (years) spent in this 40 occupation 40	Other Contributory Causes of Importance:
13. NAME David Ut	2	
13. NAME David UT  14. BIRTHPLACE (city or town)  (State or country)	y land	Name of operation Oate of Was there an autopsy?
15. MAIOEN NAME State of Louising (State or country)	Goldney	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT I LEASON (Address) 36/4 yrsh Rd.  18. BURIAL, CREMATION, OR REMOVAL	Balltomore mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
54 - 70.1	Oate 12-30,1936	Manner of injury
19. UNOERTAKER CALLET C	teed Wed	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify (Signed Augustus E. Flandagus Correction)
20. FILED AUC. A. 7, 19.25. 1. Ohu	(deputy) Regionar.	(Address) Westmington Ind
If more blo	anks are needed, addfass Stat Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial Aephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	H	P	P	
	LI	pluo	may	
	Z	Sh	it	
	YG I	AGE	that	
	DI		80	
	WRITE PLACEY, WITH UNFADING INK-THI	lation should be carefully supplied. AGE should be	AUSE OF DEATH in plain terms, so that it may be	
_	TTH	ully sı	plain	
	=	ref	in	
	Z,	cal	LH	
	Ī	be	EA	•
-	L	nld	Q F	
)		sho	0	
	ITI	no	SE	
	WR	atic	AU	

V. S. No. 1 N. B.-

STATE OF	MARYLAND-	CERTIFICATE OF DEA	TH 14082
1. PLACE OF DEATH		(59)	1/4
County Lamol	,	Registration D	Dist. No.
Village or City Gyers	Full	NoNo	St., Ward
Length of residence in city or town where deeti	(I) h occurredyrs,mo:	death occurred in a hospital or institution, give its NAMEds. How long In U.S. if of foreign birth?	instead of street and number)
2. FULL NAME William	Elias Ole	aner	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)		ive city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Grale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	(Day) (935 (Veer)
ia. If married, widowed, or divorced HUSBAND of Click Chindred (or) WIFE of	. Cramer	22. I HEREBY CERTIFY	7. That I attended deceased from
DATE OF BIRTH (month, day, end year)	1-19-1865-	I last saw h. www alive on A lec	1935; deeth is sald
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1930.	
70 -	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes were as follows:	s of Importance
8. Trade, profession, or particular		were as rollows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	Custo misocar	detil Day 4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Hangsene of	L' loa hor. 5
work was done, es SILK MILL, SAW MILL, BANK, etc	Las Wastalina Compa		4
this occupation (month and	If. Total time (yeers) spent in this oc:upation	Diabetes mell	itust 1933
July	oc.opation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	all co	0.0	
	day	Chrone flater	eletial
13. NAME Cures Ma	mer	Duphritis	1934
f4. BIRTHPLACE (city or town)	roll g	Name of operation	Dete of
(State or country)	reand !	What test confirmed diagnosis? Tal-	Wes there an au'opsy?
15. MAIDEN NAME	Gersmith	23. If death wes due to external ceuses (VIOLENCE) fill	in elso the following:
	ell to	Accident, suicide, or homicide?	ate of injury, 19
(State or country)	yland	Where did injury occur?	own, county and State)
7. INFORMANT Aug alice (Address) Martinine	Warner 18 & HE	Specify whether Injury occurred In INDUSTRY, in HON	IE, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	<i>a</i>	Menner of injury	
Place Hillsen Kuns	Date 2/, 1938	Neture of injury	
9. UNDERTAKER OF Little &	Son Pa	24. Wes disease or injury in any way related to occupat	
20. FILED Dec. 19th, 1935. Calor	ne Banceste. Registrar.	(Signed) Aewis	resel m. D.
If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1	. Lawy

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Chronic interstitial nephritis AN 4 1335	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

02

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
WINDITIONAR	STAUL	run	FURIMEN	SIMITATIO	DI	FILISICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.

20. FILEDD 00 --- 25 --, 19-35

				CERTIFICATE		14	084
1. PLACE OF DI	EATH 1	larylar	d Tuberci	ulosis Sanato	rium	*	
County Car	roll		(Colored	Branch) 23	Registration Dist.	No. 74	
Village or City_]	Henryton O	mb.		No		St.,	Ward
Length of residence	in city or town where dea	th occurred (		death occurred in a hospital or ins			
				11.0	R SERVICE		
2. FULL NAME					None	1000	
(a) Residence: N	Rock Hall	(Usual place	of abode)	St., Ward.	If nonresident give c	ity or town and	State
PERSONAL	AND STATISTIC	AL PART	CULARS	MEDICAL	CERTIFICATE OF	DEATH	
	olor or race solored	or Divorce Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	cember 2	5 (Day)	, 193 <b>5</b> (Year)
5a. If married, widowed, or HUSBAND of	divorced					1111	
(or) WIFE of	iller Will	lams	201	Nov. 7	BY CERTIFY, T	hat I attended 25	deceased from
C DATE OF BIRTH (	Tel	25.	1935	I last saw h_ GT_ alive on.		1935	, 17
6. DATE OF BIRTH (month  7. AGE Years  44	Months	Deys 7	If LESS than I day,hrs.	to have occurred on the date s	tated above, at 5:20 I	Pn.M.	, 40411113 3414
			ormin.	were es follows:	waste and louded coupes of t	mportanco	Date of onset
9 Andustry or busine	one, es SPINNER HOU	sewife		Pulmonary	Tuberculosi	.8	July 1935
SAW MILL, BA	NK, etc	Tabel	ime (years)				
	(month and	spe	nt in this upetion				-
12. BIRTHPLACE (city or to				Other Coutributory Causes of 1	mportence:		
1	iam Wicks			-			-
T	or town) Rock H	lall		Name of operation		Date of	. No
	Sadie Harr	ris	mie El Tans	23. If death was due to external			
E	or town) Rock H			Accident, suicide, or homicide?  Where did Injury occur?	Date o	of Injury	, 19
17. INFORMANT John (Address) Han	E. O'Neil		).	Specify whether injury occurre	(Specify city or town, ad in INDUSTRY, in HOME, a	r in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION	OR REMOVAL	Date De	U V8, 1935	Manner of injury			
19. UNDERTAKER (Address)	eer 4So	us de	wid.	24. Was disease or injury in en		of deceased?	No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) Henryton

\_ Md \_

Local

Registrar.

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Example			Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1AN -1 - 1926	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	0//	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	E FAIL V	July 5,1927	Peritonitis	3 days ago	
	Annan p	الد		- = 17/12	
all series					
Other contributory causes			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ALIEPALI V.S.	1.8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage JAN 3 1936	July 5,1927	Peritonitis	3 days ago	
Name and V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1 DIAGE OF BEATH	14084
County Carrall	Registration Dist. No. 26
Village or City Westminster	No. 14 Carrull St., Warr
Length of residence in city or town where death occurred S Lyrs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos,ds
2. FILL NAME Mary Elesabeth	Mingling
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Osy)  (Year)
5a. If married, widowad, or divorced HUSBAND of the leafe Jesse yingling	1 HEREBY CERTOFY, That I attended deceased from
1 1216	1955 to 1955 1925
A	I last saw h alive on a live on the date stated above, at 15:30 fm.
99 // 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: 4 Jondingalius Date of ones
kind of work done, as SPINNER, home	
9. Industry or business in which work was dona, as SILK MILL,	Primary Course: acute indigestion; terminat-
10. Dato deceasad last worked at 11. Total time (years)	ing in gastro-enteristias olura -
this occupation (month and spant in this year) occupation	tion: Sy Large Que & R.
12. BIRTHPLACE (city or town) Carroll CO	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Jisse grangling	
14. BIRTHPLACE (city or town) Gurall CO	Name of operation
1 (build of double) / / Carona	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleyeliste Hope	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Council Co	Accident, suicide, or homicide?
1 9 +1 1 1 1 1	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Westynnets hall of	Spoonly who are majory occurred in thousand, in monte, or in robbit rende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place - Mas then Oate Wes - 1935	Nature of injury
19. UNDERTAKER HBankard + 3001	24. Was disaasa or injury in any way related to occupation of deceased?
(Addiess) Western mg	y so, specify to the definition of the second of the secon
20. FILES 120 Worth	(Signed) 90 MM (Addless) M. (Ad
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.
	County Carrall  Village or City Well William Wales  Length of residence in city or town where death occurred. Seyrs

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	CERTIFICATE OF DEATH 14088
1. PLACE OF DEATH	176:0
County Caraca	Registration Dist. No.
Village or City Wellmunsler (II	No. 147 C. VILLAN St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. 4	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME James Overly J.	'le
(a) Residence: No. 147 & Breand	St., Ward.
(Usual place of abode)	If nontesident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I cla July	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thill 10-1854	I last saw hand alive on Konda 12 1935 : death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at &Qm.
\$ 1 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done; as SPINNER, R. Jaked, H. A. Dansen, S. S. S. S. S. S. S. S. S. S. S. S. S.	Element myorwelite; alus
	3 yn ay
work was done, as SILK MILL,	
O. Date deceased last worked et this occupation (month and year) spant In this occupation	
0'01'11	Other Contributory Causes of importance:
(State or country) mars kand	reacture I mich & ferrier will.
10 11 - 1	Semile Dementin ( for 3 year) 1936
14. BIRTHPLACE (city or town) Win Africal	Name of operation Date of
(State or country) maryland	Whet test confirmed diagnosis? Clusicul Wes there en autopsy? Is
15. MAIDEN NAME Elegibeth Parish	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & wroll CO  (State or country) 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide? Date of injury 2/7, 19 3 5
	Where did injury occur? Was Mustally 9 August (Specify city or town, county and State)
17. INFORMANT mas I da Bala	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Westmister Omd	Hame Fill my Man
Place Windfuld Ebenage ated 15- 1935	Neture of injury Functure I week I Hemmes
19. UNDERTAKER 7413 ankard 45 or	24. Was disease or injury In any way related to occupation of deceased? ~~~
(Address) restricted med	lyso, specify
20. FILED / / 19 T V - V COOR Registrar.	(Signed) College (Address) Westmindton, Sud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1000000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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